CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr
FIRST: Samuel
MI:
NICKNAME: "Sammy"
LAST: Franco
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 1604 Whitney Way
APT / SUITE #:
CITY: Austin
STATE: Texas
ZIP CODE: 78741

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512)
PHONE NUMBER: 934-0311
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms
FIRST: Ann
MI:
NICKNAME:
LAST: Heuberger
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1805 Whitney Way.
APT / SUITE #:
CITY: Austin
STATE: Texas
ZIP CODE: 78741

8 CAMPAIGN TREASURER PHONE

AREA CODE: (979)
PHONE NUMBER: 324-7442
EXTENSION:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- [■] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 10 / 01 / 24
THROUGH
Month / Day / Year: 11 / 05 / 24

11 ELECTION

ELECTION DATE
Month / Day / Year: 11 / 05 / 24

ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [■] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Del Valle ISD Trustee - SMD 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
Samuel Franco	

17 CONTRIBUTION TOTALS	1.	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)	$ 4709.24
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 346.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4511.51
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 100.00

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

Sworn to and subscribed before me by Samuel Franco this the 14th day of January, 2025, 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
	Lisa Yung Acosta	Coordinator

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Samuel Franco	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4709.24
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	SCHEDULE E: LOANS	$ 100.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 22.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 300.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 24.16
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 251.41
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

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: 12

2 FILER NAME: Samuel Franco

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/2/24	Celia Israel	7107 Tawny, Austin, TX, 78745	$158.21	Realtor	Self
10/2/24	Steve Adler	210 Lavaca #2605, Austin, TX, 78701	$105.58	Attorney	Fritz, Byrne Law
10/3/24	Anita Ruiz	13235 FM 346 W, Flint, TX, 75762	$158.21	Investor	A&A Investments Group LLc
10/3/24	Rhonda Bly	3406 Westside Cove, Austin, TX, 78731	$52.95	Coaching	Pfluger Architects

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Reset Form Reset Page

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
Samuel Franco

3 Filer ID (Ethics Commission Filers)

---

4 Date: 10/3/24

5 Full name of contributor: Bob Libal
out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: 904 Capitol Ct | Austin | TX | 78756

7 Amount of contribution ($): $37.16

8 Principal occupation / Job title (See Instructions): Non Profit Consultant

9 Employer (See Instructions): Self

Date: 10/3/24

Full name of contributor: Kerri Morgan
out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: 1738 Timberwood Dr | Austin | TX | 78741

Amount of contribution ($): $42.42

Principal occupation / Job title (See Instructions): Admin

Employer (See Instructions): Lazarus

Date: 10/3/24

Full name of contributor: Theresa Alvarez
out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: 2601 Zaragosa | Austin | TX | 78702

Amount of contribution ($): $52.95

Principal occupation / Job title (See Instructions): CEO

Employer (See Instructions): Rally Austin

Date: 10/3/24

Full name of contributor: Corey Pudhorodsky
out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: 1702 Clifford Ave | Austin | TX | 78702

Amount of contribution ($): $52.95

Principal occupation / Job title (See Instructions): Software

Employer (See Instructions): Unemployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/3/24	Chelsea Collier	2803 Sol Wilson, Austin, TX, 78702	$105.58

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Consultant	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/3/24	Yvonne Loya	704 Battle Bend blvd, Austin, TX, 78745	$52.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Education	UT Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/3/24	Mike Martinez	16813 Adoro Drive, Manor, TX, 78653	$105.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Consultant	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/3/24	Victoria Trevino	4603 Ramsey Ave, Austin, TX, 78756	$52.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	BCBS Texas

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Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/3/24	David Sullivan	1710 Waterston Ave Austin TX 78703	$52.95

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Research Assistant	University of Texas at Austin

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/4/24	Lee Einsweiler	44 East Avenue #2209 Austin TX 78701	$52.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
City Planner	Code Studio

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/4/24	Lonny Stern	4361 S Congress Ave #231 Austin TX 78745	$52.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Director	Movability

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/4/24	Seth Miller Gabriel	6225 29th St NW Washington DC 20015	$105.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Consultant	BDO USA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/4/24	J. Gravois	1302 Northridge Dr Austin TX 78723	$105.58	Digital Offer Management	Charles Schwab
10/4/24	Joshua Rudow	2204 Robert Browning St. Austin TX 78723	$37.16	Urban Planner	City of Austin
10/4/24	Greg Anderson	1701 Simond Avenue #630 Austin TX 78723	$50.00	Affordable Homeownership	Austin Habitat for Humanity
10/5/24	Angela De Hoyos Hart	6535 Fair Valley Trail Austin TX 78749	$52.95	Program Manager	Meta

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/7/24	David Anderson	1515 Oxford Ave. Austin TX 78704	$105.58	Consultant	Drenner Group
10/7/24	Thomas Miranda	4604 Tamarack Trail Austin TX 78727	$26.63	IT Consultant	Self
10/7/24	Caitlin D'Alton	1201 Grove Blvd1201 Austin TX 78741	$26.63	Program Consultant	City of Austin
10/11/24	Alan Holt	4710 Enchanted Lane Austin TX 78745	$105.58	Retired	Retired

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Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
10/12/24	John Pitts	1512 Gaston Avenue Austin TX 78703	$52.95

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Consultant	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/12/24	Elizabeth Gray	2100 Mountain View Rd Austin TX 78703	$35.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/12/24	Julie Oliver	3500 Werner Ave Austin TX 78723	$31.89

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Na	Na

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/11/24	Heather Rule	5616 S 1st St. #20 Austin TX 78745	$52.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Blank	Blank

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Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/12/24	Roni Sivan	1715 Pasadena Dr - B Austin TX 78757	$26.63	Travel Agent	Boutique japan
10/12/24	Marion Sanchez	405 Kemp St. Austin TX 78741	$42.42	Communications	City of Austin
10/12/24	Evan Taniguchi	2905 Pearl Street Austin TX 78705	$526.63	Architect	Taniguchi Architects
10/12/24	Yen Tran	6809 Wake Forest Lane Austin TX 78723	$37.16	Lawyer	Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Samuel Franco

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/13/24	Ceryta Lockett	6400 Westside Dr, Austin, TX, 78731	$105.58

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Compliance	Premier Political Compliance

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/13/24	Guillermo Franco	3239 Seabrook St, El Paso, TX, 79936	$131.89

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
N/a	N/a

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/13/24	Paulina Artieda	8008 Mellencamp Drive, Austin, TX, 78744	$52.95

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ED	The New Philanthropists

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/14/24	Laura Razo	2002 E 7th #233, Austin, TX, 78702	$105.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Secondary Programs Manager	Transfr

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Samuel Franco

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/14/24	Clara Hardgrave	417 15th St SW ABQ NM 87104	$105.58

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Executive Director	Red Line Parkway Initiative

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/15/24	Daniel Collins	1717 Elm St. El Paso TX 79930	$105.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	El Paso County Hospital District

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/15/24	Jamal Wilburn	2008 Millay Dr Austin TX 78752	$105.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
N/A	N/A

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/16/24	Phillip Pompa	8113 Amelia Cove Austin TX 78750	$105.58

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Entrepreneur	Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1:

2 FILER NAME: Samuel Franco

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/23/24	Aleksander Mohn	5410 Overbrook Dr Austin TX 78723	$52.95	Real Estate	Endeavor Real Estate Group
10/26/24	Elizabeth Alegria	136 Acapulco Dr Lakeway TX 78734	$300.00	Therapist	Sel Employed
11/1/24	Julio Gonzalez	2614 Delwood Pl Austin TX 78703	$263.47	Consultant	Charm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: Samuel Franco

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/17/24	Zohaib Qadri	2908 Moreno St. Austin TX 78723	$26.63	Council Member	City of Austin
10/17/24	Rossana Barrios	7452 Pusch Ridge Loop Austin TX 78749	$26.63	Retired	Self
10/19/24	Claire Leonard	10240 twin lake loop Dripping Springs TX 78620	$105.58	Policy Professional	Texas Senate
10/20/24	Preston Reine	2705 Halcyon Dr Austin TX 78702	$52.95	Research Director	GLG

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Reset Form Reset Page

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Samuel Franco	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 9/13/24	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Samuel Franco	**9** Loan Amount ($) $100.00
6 Is lender a financial Institution? ☐ Y ■ N	**8** Lender address; City; State; Zip Code	**10** Interest rate **11** Maturity date

12 Principal occupation / Job title (See Instructions) Cosultant	**13** Employer (See Instructions) Self
14 Description of Collateral none	**15** ✔ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? ☐ Y ☐ N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none	Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
Principal Occupation (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.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
1				
4 Date: 10/21/24	**5** Payee name: GoDaddy			
6 Amount ($): $22.16	**7** Payee address: 2155 GoDaddy Way	City: Tempe	State: AZ	Zip Code: 85281
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule): Fees	**(b)** Description: Web Page Hosting		
	(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/OH	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 Austin, TX, officeholder living expense		
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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)
1	Samuel Franco	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$

5 Date	6 Payee name
10/1/24	Tami Bryant

7 Amount ($)	8 Payee address;	City;	State;	Zip Code
$300.00	Unknown	Albuquerque	NM.	

9 TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising	Website design and creation

(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

11 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Date	Payee name

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

TYPE OF EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

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

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Samuel Franco	

4 Date	5 Payee name
9/13/2024	GoDaddy

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$24.16	2155 GoDaddy Way	Tempe	AZ	85281

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE

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

(b) Description: Internet Domain Purchase

(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/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 expense

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

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 expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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: 1	**2** FILER NAME Samuel Franco			**3** Filer ID (Ethics Commission Filers)
4 Date 11/1/24	**5** Payee name Donate Way			
6 Amount ($) $251.41	**7** Payee address; P.O. Box 301267	City Austin	State TX	Zip Code 78703
8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.) Fees	**(b)** Description (See instructions regarding type of information required.) Fees paid to donation collection site		
Date	Payee name			
Amount ($)	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 ($)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount ($)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
Samuel Franco	

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☑ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☑ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder