# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Filer ID (Ethics Commission Filers)</td>
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</table>

<table>
<thead>
<tr>
<th>3</th>
<th>CANDIDATE / OFFICEHOLDER NAME</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MS / MRS / MR FIRST MI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICKNAME LAST SUFIX</td>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>4</th>
<th>CANDIDATE / OFFICEHOLDER MAILING ADDRESS</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>5</th>
<th>CANDIDATE / OFFICEHOLDER PHONE</th>
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<tbody>
<tr>
<td></td>
<td>AREA CODE PHONE NUMBER EXTENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(          )</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>6</th>
<th>CAMPAIGN TREASURER NAME</th>
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<tbody>
<tr>
<td></td>
<td>MS / MRS / MR FIRST MI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICKNAME LAST SUFIX</td>
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<table>
<thead>
<tr>
<th>7</th>
<th>CAMPAIGN TREASURER ADDRESS (Residence or Business)</th>
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<tbody>
<tr>
<td></td>
<td>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE</td>
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<table>
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<table>
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<tr>
<th>9</th>
<th>REPORT TYPE</th>
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<tr>
<td></td>
<td>January 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30th day before election</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Runoff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15th day after campaign treasurer appointment (Officeholder Only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>July 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8th day before election</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exceeded Modified Reporting Limit</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Final Report (Attach C/OH - FR)</td>
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<table>
<thead>
<tr>
<th>10</th>
<th>PERIOD COVERED</th>
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<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Month</td>
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<table>
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<tr>
<th>11</th>
<th>ELECTION</th>
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<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>ELECTION TYPE</td>
</tr>
<tr>
<td>Primary</td>
<td>Runoff</td>
<td>Other Description</td>
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</tr>
<tr>
<td>General</td>
<td>Special</td>
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<table>
<thead>
<tr>
<th>12</th>
<th>OFFICE</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>OFFICE HELD (if any)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>OFFICE SOUGHT (if known)</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>NOTICE FROM POLITICAL COMMITTEE(S)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
<td>COMMITTEE ADDRESS</td>
</tr>
<tr>
<td>SPECIFIC</td>
<td>COMMITTEE CAMPAIGN TREASURER NAME</td>
</tr>
<tr>
<td></td>
<td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td>
</tr>
</tbody>
</table>

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

<table>
<thead>
<tr>
<th>15 C/OH NAME</th>
<th>16 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

### CONTRIBUTION TOTALS

| 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |

### EXPENDITURE TOTALS

| 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| 4. TOTAL POLITICAL EXPENDITURES | $ |

### CONTRIBUTION BALANCE

| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ |

### OUTSTANDING LOAN TOTALS

| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

### 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 _________________________________ this the ______ day of ____________, 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

**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)
<table>
<thead>
<tr>
<th></th>
<th>SCHEDULE SUBTOTALS</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1:</td>
<td>MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2:</td>
<td>NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B:</td>
<td>PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>SCHEDULE E:</td>
<td>LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>SCHEDULE F1:</td>
<td>POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>6.</td>
<td>SCHEDULE F2:</td>
<td>UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>SCHEDULE F3:</td>
<td>PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>SCHEDULE F4:</td>
<td>EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
</tr>
<tr>
<td>9.</td>
<td>SCHEDULE G:</td>
<td>POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H:</td>
<td>PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I:</td>
<td>NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K:</td>
<td>INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
</tbody>
</table>
**MONETARY POLITICAL CONTRIBUTIONS**

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule A1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>Filer ID (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
</tr>
<tr>
<td>5</td>
<td>Full name of contributor</td>
</tr>
<tr>
<td>6</td>
<td>Contributor address; City; State; Zip Code</td>
</tr>
<tr>
<td>7</td>
<td>Amount of contribution ($)</td>
</tr>
<tr>
<td>8</td>
<td>Principal occupation / Job title (See Instructions)</td>
</tr>
<tr>
<td>9</td>
<td>Employer (See Instructions)</td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

---

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 1/1/2024
### Schedule A2: Non-Monetary (In-Kind) Political Contributions

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

The Instruction Guide explains how to complete this form.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total pages Schedule A2:</td>
</tr>
<tr>
<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>Filer ID (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td>TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</td>
</tr>
<tr>
<td>5</td>
<td>Date</td>
</tr>
<tr>
<td>6</td>
<td>Full name of contributor</td>
</tr>
<tr>
<td>7</td>
<td>Contributor address; City; State; Zip Code</td>
</tr>
<tr>
<td>8</td>
<td>Amount of Contribution $</td>
</tr>
<tr>
<td>9</td>
<td>In-kind contribution description</td>
</tr>
<tr>
<td>10</td>
<td>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</td>
</tr>
<tr>
<td>11</td>
<td>Employer (FOR NON-JUDICIAL) (See Instructions)</td>
</tr>
<tr>
<td>12</td>
<td>Contributor's principal occupation (FOR JUDICIAL)</td>
</tr>
<tr>
<td>13</td>
<td>Contributor's job title (FOR JUDICIAL) (See Instructions)</td>
</tr>
<tr>
<td>14</td>
<td>Contributor's employer/law firm (FOR JUDICIAL)</td>
</tr>
<tr>
<td>15</td>
<td>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</td>
</tr>
<tr>
<td>16</td>
<td>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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## PLEDGED CONTRIBUTIONS

**SCHEDULE B**

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

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th></th>
<th>Total pages Schedule B:</th>
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<tbody>
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<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>Filer ID (Ethics Commission Filers)</td>
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</table>

### TOTAL OF UNITEMIZED PLEDGES

<table>
<thead>
<tr>
<th></th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Date</td>
</tr>
<tr>
<td>6</td>
<td>Full name of pledgor</td>
</tr>
<tr>
<td>7</td>
<td>Pledgor address; City; State; Zip Code</td>
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</table>

### Amount of Pledge

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>8</td>
<td>Amount of Pledge $</td>
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</tbody>
</table>

### In-kind contribution description

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>In-kind contribution description</td>
</tr>
</tbody>
</table>

☐ Check if travel outside of Texas. Complete Schedule T.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Principal occupation / Job title (See Instructions)</td>
</tr>
<tr>
<td>11</td>
<td>Employer (See Instructions)</td>
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</tbody>
</table>

 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.
<table>
<thead>
<tr>
<th>LOANS</th>
<th>SCHEDULE E</th>
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<tbody>
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<tr>
<td><strong>The Instruction Guide explains how to complete this form.</strong></td>
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</tr>
<tr>
<td><strong>1</strong> Total pages Schedule E:</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> FILER NAME</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Filer ID (Ethics Commission Filers)</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> TOTAL OF UNITEMIZED LOANS</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Date of loan</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Is lender a financial institution?</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Name of lender</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Lender address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Loan Amount ($)</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> Interest rate</td>
<td></td>
</tr>
<tr>
<td><strong>11</strong> Maturity date</td>
<td></td>
</tr>
<tr>
<td><strong>12</strong> Principal occupation / Job title (See Instructions)</td>
<td></td>
</tr>
<tr>
<td><strong>13</strong> Employer (See Instructions)</td>
<td></td>
</tr>
<tr>
<td><strong>14</strong> Description of Collateral</td>
<td></td>
</tr>
<tr>
<td><strong>15</strong> Check if personal funds were deposited into political account (See Instructions)</td>
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</tr>
<tr>
<td><strong>16</strong> GUARANTOR INFORMATION</td>
<td></td>
</tr>
<tr>
<td><strong>17</strong> Name of guarantor</td>
<td></td>
</tr>
<tr>
<td><strong>18</strong> Guarantor address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td><strong>19</strong> Amount Guaranteed ($)</td>
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<tr>
<td><strong>20</strong> Principal Occupation (See Instructions)</td>
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<tr>
<td><strong>21</strong> Employer (See Instructions)</td>
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</tr>
</tbody>
</table>

**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

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td></td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
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</tr>
<tr>
<td>Credit Card Payment</td>
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</tr>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Awards/Memorials Expense</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Polling Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Wages/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
<td></td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

### 1. Total pages Schedule F1: 2

### 2. FILER NAME

### 3. Filer ID (Ethics Commission Filers)

### 4. Date

### 5. Payee name

### 6. Amount ($)

### 7. Payee address; City; State; Zip Code

### 8. PURPOSE OF EXPENDITURE

#### (a) Category (See 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/OH

#### Candidate / Officeholder name

#### Office sought

#### Office held

Date

Payee name

Payee address;

City;

State;

Zip Code

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

Payee address;

City;

State;

Zip Code

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
### EXPENDITURE CATEGORIES FOR BOX 10(a)

<table>
<thead>
<tr>
<th>Advertising Expense</th>
<th>Event Expense</th>
<th>Loan Repayment/Reimbursement</th>
<th>Solicitation/Fundraising Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Banking</td>
<td>Fees</td>
<td>Office Overhead/Rental Expense</td>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Consulting Expense</td>
<td>Food/Beverage Expense</td>
<td>Polling Expense</td>
<td>Travel In District</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td>Gift/Awards/Memorials Expense</td>
<td>Printing Expense</td>
<td>Travel Out Of District</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td>Legal Services</td>
<td>Salaries/Wages/Contract Labor</td>
<td>Other (enter a category not listed above)</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1. Total pages Schedule F2:</th>
<th>2. FILER NAME</th>
<th>3. Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Date</th>
<th>6. Payee name</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amount ($)</td>
<td>8. Payee address; City; State; Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. TYPE OF EXPENDITURE</th>
<th>Political</th>
<th>Non-Political</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10. PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) Check if travel outside of Texas. Complete Schedule T.</td>
<td>Check if Austin, TX, officeholder living expense</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF EXPENDITURE</th>
<th>Political</th>
<th>Non-Political</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PURPOSE OF EXPENDITURE</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if travel outside of Texas. Complete Schedule T.</td>
<td>Check if Austin, TX, officeholder living expense</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
</table>

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.**

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule F3:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>FILER NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Name of person from whom investment is purchased</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>Address of person from whom investment is purchased; City; State; Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>Description of investment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Amount of investment ($)</th>
</tr>
</thead>
</table>

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
### EXPENDITURES MADE BY CREDIT CARD

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

**SCHEDULE F4**

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

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Food/Beverage 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. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

<table>
<thead>
<tr>
<th>1 TOTAL PAGES</th>
<th>2 FILER NAME</th>
<th>3 FILER ID (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | $ |

<table>
<thead>
<tr>
<th>5 CREDIT CARD ISSUER</th>
<th>Name of financial institution</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6 PAYMENT</th>
<th>(a) Amount Charged</th>
<th>(b) Date Expenditure Charged</th>
<th>(c) Date(s) Credit Card Issuer Paid</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7 PAYEE</th>
<th>(a) Payee name</th>
<th>(b) Payee address; City, State, Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8 PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
</tr>
</thead>
</table>

- Political
- Non-Political

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

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office Sought</th>
<th>Office Held</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PAYMENT</th>
<th>(a) Amount Charged</th>
<th>(b) Date Expenditure Charged</th>
<th>(c) Date(s) Credit Card Issuer Paid</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>(a) Payee name</th>
<th>(b) Payee address; City, State, Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
</tr>
</thead>
</table>

- Political
- Non-Political

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

<table>
<thead>
<tr>
<th>Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office Sought</th>
<th>Office Held</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PAYMENT</th>
<th>(a) Amount Charged</th>
<th>(b) Date Expenditure Charged</th>
<th>(c) Date(s) Credit Card Issuer Paid</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>(a) Payee name</th>
<th>(b) Payee address; City, State, Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
</tr>
</thead>
</table>

- Political
- Non-Political

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

<table>
<thead>
<tr>
<th>Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office Sought</th>
<th>Office Held</th>
</tr>
</thead>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
## EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By Candidate/Officeholder/Political Committee</td>
<td></td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td></td>
</tr>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Awards/Memorials Expense</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Polling Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Wages/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
<td></td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.
PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORIES FOR BOX 8(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
</tr>
<tr>
<td>Accounting/Banking</td>
</tr>
<tr>
<td>Consulting Expense</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
</tr>
<tr>
<td>Credit Card Payment</td>
</tr>
<tr>
<td>Event Expense</td>
</tr>
<tr>
<td>Fees</td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
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<tr>
<td>Gift/Awards/Memorials Expense</td>
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<tr>
<td>Solicitation/Fundraising Expense</td>
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<tr>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Travel In District</td>
</tr>
<tr>
<td>Travel Out Of District</td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 2

FILER NAME

5 Business name

6 Amount ($)

7 Business address; City; State; Zip Code

(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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount ($)

Business address; City; State; Zip Code

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

Business name

Amount ($)

Business address; City; State; Zip Code

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

Revised 1/1/2024
NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th></th>
<th>Total pages Schedule I:</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filers)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>5 Payee name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Amount ($)</th>
<th>7 Payee address;</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See instructions for examples of acceptable categories.)</th>
<th>(b) Description (See instructions regarding type of information required.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Payee name</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Purpose of Expenditure</th>
<th>Category (See instructions for examples of acceptable categories.)</th>
<th>Description (See instructions regarding type of information required.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Payee name</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td>2</td>
<td><strong>FILER NAME</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Filer ID</strong> (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Name of person from whom amount is received</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>Address of person from whom amount is received; City; State; Zip Code</strong></td>
</tr>
<tr>
<td>7</td>
<td><strong>Purpose for which amount is received</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Amount ($)</strong></td>
</tr>
</tbody>
</table>

**Check if political contribution returned to filer**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Revised 1/1/2024
## 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Instruction Guide explains how to complete this form.</strong></td>
<td><strong>1</strong> Total pages Schedule T:</td>
</tr>
<tr>
<td><strong>2</strong> FILER NAME</td>
<td><strong>3</strong> Filer ID (Ethics Commission Filers)</td>
</tr>
<tr>
<td><strong>4</strong> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Contribution / Expenditure reported on:</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Dates of travel</td>
<td><strong>7</strong> Name of person(s) traveling</td>
</tr>
<tr>
<td><strong>8</strong> Departure city or name of departure location</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Destination city or name of destination location</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> Means of transportation</td>
<td><strong>11</strong> Purpose of travel (including name of conference, seminar, or other event)</td>
</tr>
</tbody>
</table>

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

| Contribution / Expenditure reported on: |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
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|   |   |
|   |   |
|   |   |
|   |   |
| **Dates of travel** | **Name of person(s) traveling** |
| **Departure city or name of departure location** |   |
| **Destination city or name of destination location** |   |
| **Means of transportation** | **Purpose of travel (including name of conference, seminar, or other event)** |

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

| Contribution / Expenditure reported on: |   |
|   |   |
|   |   |
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|   |   |
|   |   |
| **Dates of travel** | **Name of person(s) traveling** |
| **Departure city or name of departure location** |   |
| **Destination city or name of destination location** |   |
| **Means of transportation** | **Purpose of travel (including name of conference, seminar, or other event)** |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
The Instruction Guide explains how to complete this form.

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

<table>
<thead>
<tr>
<th>1</th>
<th>C/OH NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Filer ID</td>
</tr>
<tr>
<td></td>
<td>(Ethics Commission Filers)</td>
</tr>
</tbody>
</table>

### 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

### 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

### 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

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