# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	w to complete this form	1 Filer	ID (Ethics Co	ommission Filers)	2 Total	pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Antonio	1		мі М.			USE ONLY
IVAIVIL	NICKNAME "Tony"	LAST Aguirre J	Jr		SUFFIX	Date Recei		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X; APT / SUITE #;	city: McAllen	STATE:	ZIP CODE 78504	Cw		ezekanijs Recived 6-12-2823
Change of Address							Date =	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 956 )867	PHONE NUMBER		EXTENSIO	 iŅ		-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	<sub>FIRST</sub> Olga			мі С.	Receipt #  Date Proce	ssed	Amount \$
I ALMAILE.	NICKNAME	LAST	********	\$6474444	SUFFIX			
		Gabriel				Date Image	∌d.	
7 CAMPAIGN	STREET ADDRESS		T / SUITE #;	CITY;		Si	TATE;	ZIP CODE
TREASURER ADDRESS (Residence or Rusiness)	4512 N. 4th S	St.		McAl	len	-	TX	78504
(Residence or Business)	AREA CODE	DUONE NUMBER		FYTENSIO				
8 CAMPAIGN TREASURER PHONE	( 956 )	207-5125		EXTENSIO	N			
9 REPORT TYPE	January 15	30th day befo	ore election	Runot	ff	tre لــــا		er campaign pointment Only)
	X July 15	8th day before	e election	1 1	eded Modified ting Limit	Fir	nal Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year 2023	THRO	OUGH	Month 06 /	Day 30 /	Year 202	3
11 ELECTION	ELECTION DA		<u>las</u>	E	LECTION TYPE		Som Not Room v	
	Month Day	Year Prim:		pecial	Other Description			
12 OFFICE	OFFICE HELD (if any) City Commiss		13	OFFICE SO	UGHT (if known)	ļ		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITE S AND OFFICEHOLDERS ARE RE	URES MAY HAVE BE	EEN MADE WIT	THOUT THE CAND	IDATE'S OR OF	FICEHOLD	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
-	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAM	.πE				
		COMMITTEE CAMPAIGN	TREASURER AD	DRESS				
	, <u></u>	GO T	O PAGE 2	2		<u> </u>		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

			<del></del>
15 C/OH NAME		1	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI		\$ 0
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 6
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS OF NG PERIOD	FTHE \$
	wear, or affirm, under penalty of perjury,	7	and correct and includes all information
100	danea to be reported by the under this 19;	Election Code.	
		and the same	A-A
		Signature of Car	ndidate or Officeholder
		,	V
	Please com	plete either option below	<i>r</i> :
(1) Affidavit			
• •			
NOTARY STAMP/SEAL	-		
	béfore me by	this the	day of
	which, witness my hand and seal of office.	uns the	, day of,
	, , , , , , , , , , , , , , , , , , , ,		
Signature of officer administer	ring oath Printed name of of	fficer administering oath	Title of officer administering oath
i Linear and a second	<u> </u>	OR	
(2) Unsworn Declaratio	on /		
My name is	+ 4 X	, and my date of birth is	6/12/2023
My address is P9 . =	$\angle O()$		
	(street)	(city) (st	tate) (zip code) (country)
Executed in	County, State of	, on the day of(month)	, 20 (year)
		Signature of Candid	ata/Officahaldar (Daglarant)
		Signature of Candida	ate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

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

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

		14 California de la companya de la california de la calif	
	The Instruction Guide explains how to complet	te this form.	1 Total pages Schedule A1:
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal od	ccupation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor □ out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
		<u>.</u>	
MATERIAL TO THE RESERVE OF THE PARTY OF THE	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	EEDED

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	E	:	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	I      de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	 	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T			raquiraments

Forms provided by Texas Ethics Commission

## **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

		ested information is not applicable, <b>bo Nor il</b>	F 10		
	The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule B:
2	FILER NAME	;		3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	F UNITEMIZED PLEDGES		\$	<del></del>
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; St			
_				Check if travel outs	I. side of Texas. Complete Schedule T.
10	Principal occu	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St			 
				Check if travel outs	. side of Texas. Complete Schedule T.
_	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	tate; Zip Code		[ [
				Check if travel outs	l ide of Texas. Complete Schedule T.
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	1,23 p. (1,11)
	Date	Full name of pledgor out-of-state PAC (ID#;	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	z; Zip Code	1	E [ 1
				Check if travel outs	I ide of Texas. Complete Schedule T.
	Principal occupa	pation / Job title (See Instructions)	Employer (See	Instructions)	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN	- FACHEEDED	
	lf∈c	contributor is out-of-state PAC, please see Inst			requirements.

#### LOANS SCHEDULE E

if the requeste	ed information is not applicable, DO NO	Of include this page in the re	port.
The	e Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan		te PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal fundaccount (See Instruct	nds were deposited into political etions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	1
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N		1	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal function account (See Instruction	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above):
1 Total pages Schedule F1:	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	n, 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	n, 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		
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## **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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	cal Committee 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)
		ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	MIZED UNPAID INCURRED OBLIG	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF			
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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 S	Schedule T. Check if Aus	stin, 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	F THIS SCHEDULE AS NEE	EDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

7	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	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Polling Expense nse Printing Expense Salaries/Wages/Contract Labo	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide	explains how to complete this for	m.
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	on:
	(c) Check if travel outside of Texas. Co	omplete Schedule T. Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne 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	p of this schedule) Description	on
	Check if travel outside of Texas. Co	omplete Schedule T. Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

Solicitation/Fundraising Expense

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

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

Advertising Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Food/Beverage Expense By Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u> </u>
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 sche		
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Sched	dule T Check, if Austin	n, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scher		
	Check if travel outside of Texas. Complete Schedu	ule T Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	ED

# 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 Printing Expense

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

Solicitation/Fundraising Expense

Candidate/Officenoider/Politi Credit Card Payment	The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	and the second s	3 Filer ID (Ethics Commission File
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date	Business name		1,77,000
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	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 NEED	DED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Co	ommission 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 regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category: (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
Date	Payee name			
Ámount (\$)	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 NEI	EDED	

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

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K.
2 FILER NAME		3 Filer ID (Ethic	s 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; Stat	e; Zip Code	
	7 Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	

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

### SCHEDULE T

-					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation	or Labor C	rganization / Pledgor	/ Payee	
5 Contribution / Expendi	iture reporte	d on:	,		
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure city or name of departure location				
-	9 Destinat	ion city or i	name of destination lo	ocation	
		•			
10 Means of transportation  11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expendit	ture reported	l on:			
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2		edule F4	Schedule G	_	
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
	Departore oity or name or departure (ocation				
	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, semi			seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The state of the s					
	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	ATURE	<u></u>				
	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.						
		Signatur	e of Candidate / Officeholder				
4	FILER WHO IS NOTAN OFFICEHOLDER  •• Complete A & B below <i>only</i> if you are not an officeholder. ••						
	Α.	CAMPAIGN FUNDS					
	Checi	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned fro	m 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	k only one:					
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to				
		Si	gnature of Candidate				
		EHOLDER plete this section <i>only</i> if you are an officeholder ••	er en				
	1	I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				
		Sig	nature of Officeholder				