CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** MR. **JOAQUIN** J NAME Date Received NICKNAME LAST SUFFIX "J.J." **ZAMORA** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 3205 Ulex Avenue McAllen TX 78504 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 956) 655-2357 PHONE Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER DOLORES** Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **ARENAS** 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 Quince Avenue McAllen TX 78501 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 956) 212-0066 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **J**uly 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 01 01 2023 THROUGH 30 2023 06 11 ELECTION **ELECTION DATE ELECTION TYPE** Runoff Other Day Month Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) CITY COMMISSIONER DISTRICT 2 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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)			
17 CONTRIBUTION TOTALS	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)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 529.88			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
Teq	dured to be reported by the dilider Title 13, Election Code.	12			
	Magus	4. Julian			
	Signature of Cand	inate of Officeholder			
	$\bigcup U \cup \bigcup U$				
	Please complete either option below:				
	riease complete either option below.				
(1) Affidavit					
(1) Allidavit					
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 administer	ring oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration	on				
My name isJOAQU	JIN JAVIER ZAMORA, and my date of birth is				
My address is	3205 Ulex Avenue , McAllen , TX	,,USA			
Executed in Hidal	(street) (city) (state of State of Texas on the 7th day of July				
Executed in HIGAI	(manth)	12 (year)			
	Signature of Cahdidate				
	-9	// /			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

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 for	rm.	1 Total pages Schedule A1:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of contribution (\$)	
		6 Contributor address; City; S	State; Zip Code		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
	Date	Full name of contributor	÷)	Amount of contribution (\$)	
		Contributor address; City; S	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
	Date	Full name of contributor	÷	Amount of contribution (\$)	
		Contributor address; City; S	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	Date		:)	Amount of contribution (\$)	
		Contributor address; City; S			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

The Instruction Guide explains how to complete this fo	form. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	RIBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description
7 Contributor address; City; State;	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	'
Date Full name of contributor □ out-of-state PAC (ID#:	Contribution \$ In-kind contribution description
Contributor address; City; State;	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	s) Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF	E TUIS SCHEDIII E AS NEEDED
If contributor is out-of-state PAC, please see Instruc	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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.	1 Total pages Sched	ule B:			
2 FILER	NAME	3 Filer ID (Ethics C	commission Filers)			
4 TOTA	L OF UNITEMIZED PLEDGES	\$				
5 Date	6 Full name of pledgor ut-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description			
ı	7 Pledgor address; City; State; Zip Code		 			
		Check if travel outs	ide of Texas. Complete Schedule T.			
10 Princip	al occupation / Job title (See Instructions) 11 Employer (See	Instructions)				
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description			
	Pledgor address; City; State; Zip Code		 			
		Check if travel outs	l . ide of Texas. Complete Schedule T.			
Principa	Il occupation / Job title (See Instructions) Employer (See	Instructions)				
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description			
	Pledgor address; City; State; Zip Code					
		Check if travel outs	l de of Texas. Complete Schedule T.			
Principa	al occupation / Job title (See Instructions) Employer (See	Instructions)				
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description			
	Pledgor address; City; State; Zip Code					
		Check if travel outs	de of Texas. Complete Schedule T.			
Principa	Il occupation / Job title (See Instructions) Employer (See	Instructions)	•			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDL	JLE AS NEEDED				

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date	
Y N				
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
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)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable Principal Occupati	ion (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

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

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor			Other (enter a category not listed above)		
Credit Card Payment	The Instruction	n Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name		1			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this schedule)	(b) Description			
9 Complete ONLY if direct	Candidate / Officeholde	of Texas, Complete Schedule T. r name	Office sought	n, TX, officeholder living	Office held	
expenditure to benefit C/OF						
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories liste	ed 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 / Officeholde	r name	Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories liste	ed 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 / Officeholde	er 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; Zip Code TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	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; Cit	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City: State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

	Contributions/Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Co		ense ges/Cont			t Of District	y not listed above)	
1 Total pages Schedule G:	2 FILER NAME					3 Filer II	D (Ethics	Commission Filers)
4 Date	5 Payee name				·			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;				City;		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Cat	egories listed at the top of this so	chedule) (k	o) Des	cription			
	(c) Check if tra	vel outside of Texas. Complete Sch	nedule T.		Check if Austin,	TX, officehol	der living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Complete ONLY if direct			Office held				
Date	Payee name							
Amount (\$) Reimbursement from political contributions intended	Payee address;				City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Ca	egories listed at the top of this so	chedule)	Des	cription			
		avel outside of Texas. Complete Sch	nedule T.		Check if Austin,	TX, officehol	lder living ex	cpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		fficeholder name	Of	ffice so	ought			Office held
Date	Payee name							
Amount (\$) Reimbursement from political contributions intended	Payee address;				City;	s	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Cat	egories listed at the top of this so	chedule)	Des	cription			
	Check if tra	vel outside of Texas. Complete Sch	nedule T.		Check if Austin,	TX, officehol	der living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Of	ffice so	ought		,	Office held
	ATTACH AD	DITIONAL COPIES O	F THIS SCH	IEDUL	E AS NEEDE	ĒD		

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)

Candidate/Officeholder/Politi	Accounting/Banking Fees Office O Consulting Expense Food/Beverage Expense Polling t Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Office O Polling t Printing Salaries		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description	
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	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 so	chedule) Description	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom amount is received	8 Amount (\$)			
	6 Address of person from whom amount is received; City; State	ite; Zip Code			
	7 Purpose for which amount is received Check if	political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Star	ate; Zip Code			
	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; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

if the requested information is not applicable, DO NOT include this page in the report.						
The Instru	uction Guide	explains how to complete	this form.	1 Total pages Schedule T:		
2 FILER NAME	VAME			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	tributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	/ Expenditure reported on:					
Schedule A2						
				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 Destination city or name of destination location					
10 Means of transportat	ion	11 Purpose of travel (including	g name of conference, s	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Scne	edule 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 transportat	tion	Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	ile B Schedule B(J)	Schedule C2	Cabadula D. Carata St		
	_			Schedule D Schedule F1		
Schedule F2	Schedu	ıle F4	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 transportat	tion	Purpose of travel (includin	g name of conference, s	seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)						
3	SIGNA	NATURE						
	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		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Check	conly 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		EHOLDER plete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who 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						