#### **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. MS / MRS / MR 3 CANDIDATE/ FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Mr Ernest R. NAME Date Received NICKNAME LAST SUFFIX Williams 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** 2400 N. 10th St. McAllen, MAILING В. TX 78504 **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER 956 225-6675 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Mr. Raymond Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **Jenkins** STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CAMPAIGN CITY: STATE; ZIP CODE **TREASURER** 2600 N. 10th St. McAllen TX 78501 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (956) 330-6103 9 REPORT TYPE X January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav Year Month Day COVERED THROUGH 01 2023 12 31 2023 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Public Utility Board Trustee - Place D THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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

# 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)	\$.			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ /50 -			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Signature of Can	ndidate or Officeholder			
	Please complete either option below	;			
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	pefore me by this the	day of,			
20, to certify v	hich, witness my hand and seal of office.				
Signature of officer administer		Title of officer administering oath			
(2) Unsworn Declaratio	OR n				
My name is <u>Erne</u> ? My address is <u>24 Dr</u>	M. 10th St. B. McAllen	TX 78504			
Executed in Mclalo	(street) (city) (state of, on the day of	ate) (zip code) (country)  20 2 3. (year)			
	Signature of Candida	nte/Officeholder (Declarant)			

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	COVER	SHEET PG 3
19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	1S	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	:AL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIL TO FILER	BUTIONS RETURNED	\$

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAMI			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	l tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
		State; Zip Code	
Principal occu	I pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	l pation / Job title (See Instructions)	Employer (See Instruct	ions)
*******			
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In		

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

### SCHEDULE A2

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

L			<u> </u>		
	Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2	2 FILER NAME		3 Filer ID (Ethics Co	ommission 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;		Check if travel outsi	,        de of Texas. Complete Schedule T.
10	Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICIA	AL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (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	Check if travel outsic	le of Texas, Complete Schedule T.
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (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	e (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	·····	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	
	11	contributor is out-of-state PAC, please see Instruction			requirements

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### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

		- American de la companya de la comp	7.0		Try	
	The	Instruction Guide explain	ns how to complete thi	s form.	1 Total pages Sche	dule B:
2	FILER NAME				3 Filer ID (Ethics (	Commission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	A
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; St	ate; Zip Code		! 
40	Principal occu	pation / Job title (See Instru	alianatiantus appropries	44 Familiary (San	<u> </u>	side of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		***	City; St	ate; Zip Code		 
					Check if travel outs	I . ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruct	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		 
					Check if travel outs	ide of Texas, Complete Schedule T.
	Principal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	; Zip Code		    ` :
					Check if travel outsi	de of Texas. Complete Schedule T.
F	Principal occupa	ation / Job title (See Instruct	ions)	Employer (See	Instructions)	The state of the s
	lf c	ATTACH A	ADDITIONAL COPIES ( PAC, please see Insti			requirements.

### LOANS SCHEDULE E

	and information to not applicable, <b>DO 110</b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The	e Instruction Guide explains how to comp	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		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	<u>L</u>
14 Description of Col	lateral	Check if personal fund account (See Instruct	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	J:	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zíp Code	
20 Principal Occupa	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 Colla	ateral		ds were deposited into political
none	•	account (See Instructi	ions)
GUARANTOR INFORMATION	Name of guarantor	!	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Faralacias (Con Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPII	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

## 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 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)

6 Amount (\$) 7 F  8 (a)  PURPOSE  OF  EXPENDITURE  (c)	Payee name Payee address;  Category (See Categories listed at the top of this schedule)	City; (b) Description	3 Filer ID (Ethics Commission Filers)  State; Zip Code
6 Amount (\$) 7 F  8 (a) PURPOSE OF EXPENDITURE (c)	Payee address;		State; Zip Code
8 (a) PURPOSE OF EXPENDITURE (c)			State; Zip Code
PURPOSE OF EXPENDITURE (c)	Category (See Categories listed at the top of this schedule)	(b) Description	
(c) 9 Complete ONLY if direct			
9 Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date P	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date P	Payee name		
Amount (\$) Pa	ayee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	rategory (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

### **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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: 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** (c) 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 Pavee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political 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

	The 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	; State; Zíp 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 (\$)	
, claire	·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

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

### SCHEDULE F4

	EXPENDITURE CA	ATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Salaries/Wages/Contract Labor	
	The Instruction Guide ex	xplains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARG	GED TO A CREDIT CARD	\$
5 Date	6 Payee name	3334	
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	of this schedule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Com	plete Schedule T. Check if /	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of	of this schedule) Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Com	pplete 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 COPIE	S OF THIS SCHEDULE AS N	EEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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
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

Candidate/Officenoider/Polit Credit Card Payment	The Instruction Guide explains how	es/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		L
6 Amount (\$)	7 Business address;	City;	State; Zip Code
B 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	Office sought	Office held
Date	Business name	31100	
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	
EXTENDITORE L	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

## 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			
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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

### SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	edule 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	te; Zip Code		
	7 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; Sta	ate; 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	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
į	Address of person from whom amount is received; City; Stat	te; Zip Code		
	Purpose for which amount is received Check if p	political contribution r	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### SCHEDULE T

is the requested information to not applicable, be NoT include this page in the report.						
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 Organization / Pledgor / Payee						
5 Contribution / Expenditure	reported on:					
Schedule A2	Schedule B	Cabadula B(I)	Cohadula Co	Cohestata D		
Schedule F2	Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1  Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name of person(s) traveling						
8	8 Departure city or name of departure location					
9	Destination city or	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 / Expenditure reported on:						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
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 lo	cation			
Means of transportation	Purpo	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	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
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 r	ation city or name of destination location				
Means of transportation	Purpo	Purpose of travel (including name of conference, 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/OH1	NAME 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature of Candidate / Officeholder					
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder.						
	A.	CAMPAIGN FUNDS					
	Chec	k 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>B.</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  Diete 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					