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 OFFICE USE ONLY **OFFICEHOLDER** Mr. Timothy NAME Date Received NICKNAME Wilkins LAST Secretary's Office 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; OFFICEHOLDER MAILING 6500 N. 10th Suite P McAllen, TX 78504 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 777-TimW PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST MI TREASURER Ms. Janie NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Melendez 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE TREASURER **ADDRESS** PO Box 6580 McAllen, TX 78526 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 789-00075 956) 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Year COVERED 04 / 03 / 25 25 04 25 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Other Description Day X General 03 25 Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) McAllen District 1 City Commission THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM 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

FORM C/OH

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	Timothy Wilkins	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)	\$ 5.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 14619.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 16741.19
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 50,000.00
	Please complete either option below:	didate or Officeholder
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed be 20, to certify we have a subscribed be a subscribed by a subscribed be a subscribed by a s	efore me by this the hich, witness my hand and seal of office.	day of,
ignature of officer administering		Title of officer administering oath
	OR	
My name is	(street) County, State of PCL), on the 25 day on April	(zip code) (country) 20 (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Timothy Wilkins 20 Filer ID (Ethics Co	mmission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	X SCHEDULE E: LOANS	\$ 50000				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 146.22				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 16594.97				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Т	he Instruction Guide explains ho	w to complete th	is form.	1 Total pages Schedule A1:
FILER NAM	Timothy Wilkins	VIII MANAGEMENT AND		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Rene Ramirez 6 Contributor address; 900 East lakeview M	City;	State; Zip Code	7 Amount of contribution (\$) . 5.00
	cupation / Job title (See Instructions chnologic Wizard	5)	9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	.C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal occ	upation / Job title (See Instructions)	,	Employer (See Instruc	otions)
Date	Full name of contributor	uut-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
	Approximation of the second of		1	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$ I description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
1	principal occupation (FOR JUDICIAL)	13 Contribu	for's job title (FOR JUDICIAL) (See Instructions)
	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#: Contributor address; City; State;	Zip Code	Amount of In-kind contribution description
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or'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)		
if	ATTACH ADDITIONAL COPIES OF THE contributor is out-of-state PAC, please see Instruction	IIS SCHEDUL n guide for a	EAS NEEDED dditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The Instruction Guide explains how to complete th	nis form.	1 Total pages Sched	lule B:
2 FILER N	AME		3 Filer ID (Ethics C	commission Filers)
1 TOTAL	OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor	State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
				l I. de of Texas. Complete Schedule
0 Principal	occupation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor		Amount I of Pledge \$	In-kind contribution description
	Pledgor address; City; St	State; Zip Code	Check if travel outsin	de of Texas. Complete Schedule
Principal or	ccupation / Job title (See Instructions)	Employer (See	. 1	e of Texas, Contplete Schedule
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	tate; Zip Code		
Principal o	ccupation / Job title (See Instructions)	Employer (See		e of Texas. Complete Schedule
	To the contract of the contrac	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code	Check if travel outside	e of Texas. Complete Schedule 7
Principal oc	cupation / Job title (See Instructions)	Employer (See		FOI TEXAS. CONTINUES SCHEDULE !
	ATTACH ADDITIONAL COPIES (OF THE SOURS		

1							
LOANS SCHEDULE E							
If the requested information is not applicable, DO NOT include this page in the report.							
The	The Instruction Guide explains how to complete this form.						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Timothy Wilkins							
4 TOTAL OF U	NITEMIZED LOANS	\$ 50000					
5 Date of loan	7 Name of lender 🔲 out-of-state	50000 9 Loan Amount (\$)					
2021	Timothy Wilkins	PAC-{ID#:)	·				
6 Is lender			30,000				
a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate -0-				
Y(N)	142 Feets (in 14-14) 726 72504		11 Maturity date				
12 Principal occupati	on / Job title (See Instructions)	13 5-1	2027				
CEOof CADTAX	on 7 ood tide (See instructions)	13 Employer (See Instructions) CADTax Property Tax C	consulting				
14 Description of Coll	ateral	15					
X none		Check if personal fundaccount (See Instruction	ds were deposited into political ions)				
16 GUARANTOR INFORMATION	17 Name of guarantor Timothy Wilkins		19 Amount Guaranteed (\$)				
	18 Guarantor address; City	State; Zip Code					
not applicable	113 Eagle Ave McAllen TX 78504	, , ,	50000				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	30000				
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (S)				
is lender a financial	Lender address; City;	State; Zip Code	Interestrate				
Institution?			Maturity date				
YN							
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
Description of Colla	ateral		s were deposited into political				
none		account (See Instructi	ons)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (5)				
	Guarantor address; City;	State; Zip Code					
not applicable		,					
Principal Occupation	on (See Instructions)	Employer (See Instructions)	,				
			-				
	ATTACH ADDITIONAL COPE	ES OF THIS SCHEDULE AS NEE	DED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

								00112	DOLE FZ
If the requested info	rmation is r	not applicable, DO	NOT incl	ude th	is pa	ge in the re	eport.	_ /	,
		EXPENDITUR	E CATEGO	RIES	FORE	3OX 10(a)		7	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	3y al Committee	Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials E Legal Services The Instruction Gui	Expense F	Office Over Polling Ex Printing Ex Salaries/V	erhead/F spense xpense Vages/C	Contract Labor	Trans Trave Trave	el In District el Out Of District	ment & Related Expens
Total pages Schedule F2:	2 FILER		ide explains i	iow to t	omple	te this form.	1		
						A CONTRACTOR OF THE PARTY OF TH	3 File	ID (Ethics (Commission Filers)
TOTAL OF UNITER	MIZED UN	PAID INCURRE	D OBLIGA	TION	s		\$		
5 Date	6 Payee r	name				/	<u> </u>		
Amount (\$)	8 Payee	address;			/	City;	41/-0	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical		Non-Pol	itical	•			
0	(a) Category	(See Categories listed at th	he top of this sche	edule)	(b) D	Description			
PURPOSE						,			
OF EXPENDITURE									
	(c)	Check if travel outside of Texas.	. Complete Sched	ule T.	Г	Check if Aus	tin. TX. offi	ceholder living e	WAARS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate / Officeholder n	name	Of	ffice so			Office he	
Date	Payee n	ame	***************************************	1					
Amount (\$)	Payee a	ddress;				City;	anu.	State;	Zip Code
TYPE OF EXPENDITURE	Po	olitical		Non-Poli	tical				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	e top of this sched	dule)		Description			
/		Check if travel outside of Texas	s. Complete Sched	ule T.		Check is Au-	tin TV -=	icabalda - II-l-	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder na			ice so		sun, IX, Off	Office held	
/	-		10000				- MAIR.		
	ATTACH	ADDITIONAL CO	PIES OF TH	HIS SC	HEDU	JLE AS NEE	DED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	POLITICAL CONTRIBUTIONS ested information is not applicable, DO NOT include this page i	n the report.	,
	The Instruction Guide explains how to complete this form.	1 Total pages Schedul	le F3.
2 FILER NAME		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; Cit	ty; 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	600 6 7 100	
	Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

EXPENDITURES MADE BY CREDIT CARD

If the requested info	rmation is not applica	ble, DO NOT i	nclude thi	is page in	the report.	SCH	EDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po	Event Exp Fees Food/Bev de By Gift/Awar litical Committee Legal Ser	rerage Expense ds/Memorials Expens vices	Loan R Office (Polling se Printing Salarie	S FOR BOX depayment/Reim Overhead/Rent Expense g Expense s/Wages/Contro	abursement al Expense	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expenset
	n Guide explains how to c	omplete this form	•	USE A NEV	V PAGE FOR E	ACH CREDIT CAR	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Timo	othy Wilkins				3 FILER ID (Ethic	s Commission Filers
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institu AMEX	tion			1		******
6 PAYMENT	(a) Amount Charged \$ 61.29	(b) Date Expendit	ture Charged	(c) Date(s) (Credit Card Issue	er Paid	
7 PAYEE	(a) Payee name Valero		(b) Payee ad	idress;	City	/, State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political Non-Political		el In District		(b) Descripti	GAS		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r Timothy			fice Sought McAllen		TX, officeholder living Office Held	
PAYMENT	(a) Amount Charged \$ 84.93	(b) Date Expendito 04/21/25	ure Charged	(c) Date(s) C	redit Card Issue	r Paid	
PAYEE	(a) Payee name Lowes		(b) Payee add 570	dress; 00 N. 10th	McAllen T	X 78504 State,	Zip Code
PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories lis Other			(b) Description	Materials	to anchor and	
Complete ONLY if direct spenditure to benefit C/OH	Candidate / Officeholder n Timothy Wilkin	ame	Offi	ice Sought cAllen D1		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cr	edit Card Issuer	Paid	
PAYEE	(a) Payee name		(b) Payee add	iress;	City,	State,	Zip Code
URPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ed at the top of this sched	lule)	(b) Description	n		
Non-Political	(c) Check if travel outsi	ide of Texas. Complete	Schedule T.		Check if Austin	, TX, officeholder livin	g expense
iomplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder na	ame	Offic	ce Sought		Office Held	
	ATTACH ADDITI	ONAL COPIES	OF THIS	SCHEDULE	AS NEEDE	ED .	

POLITICAL EXPENDITURES MADE **SCHEDULE** If the requested information is not applicable, DO NOT include this page in the report. っ EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Timothy Wilkins 5 Payee name Upper Valley Mail Services 4 Date 6 Amount (\$) 7 Payee address: City; State: Zip Code 10.000.00 1418 Beech Ave Ste 109 McAllen TX 78501 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Postage for Mailers OF Postage for mailers EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4/10/25 FEDEX KINKOS Amount (\$) Payee address; City; State: Zip Code 1273.00 28112 n. 10th McAllen, TX 78501 Category (See Categories listed at the top of this schedule) Description PURPOSE **ADS** Made copies of my mailers 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 Date Payee name 4/24/25 Celia Morales Amount (\$) Payee address; City; State: Zip Code 400.00 No Idea Category (See Categories listed at the top of this schedule) Description PURPOSE Hired to distribute copies of my mailers **ADS** 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Food/B	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Tim WIlkins		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
	Marco Antonio Perez		
6 Amount (\$) 2000.00	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	He will not respond		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
OF EXPENDITURE	Consulting	Voter Data	
9	(c) Check if travel outside of Texas. Complete Schedule		, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Timothy Wilkins	Office sought McAllen District	Office held
Date 4/21/25	Payee name Marco Salazar, Tiffany Del Rio, Romeo Sylvestre Cruz	o Garza, Daren Garcia	,Antonio, Diego, Marsha Martine
Amount (\$) 100 each	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	I have no idea and cannot confi	irm.	,
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	
OF EXPENDITURE	Blockwalkers	Distributed m	naterial to voters
	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	Office sought	Office held
expenditure to benone 5.0	Timothy Wilkins	McAllen District	1
Date	Payee name		The state of the s
4/21/25	Efraim Martinez		
Amount (\$) 2122.00	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	PO Box 442 McAllen, TX 78504		
PURPOSE	Category (See Categories listed at the top of this schedule	Description	
OF EXPENDITURE	ADS	text blasts	
	Check if travel outside of Texas. Complete Schedule		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tim Wilkins	Office sought McAllen D1	Office held
100000000000000000000000000000000000000	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED .

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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		
	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 sche	dule) (b) Description	
	(C) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin.	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		419
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	
	Check if travel outside of Texas. Complete Schedul	eT. 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	ED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

			/	
	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	Commission 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 regarding type o	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.)	instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zíp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	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 i required.)	instructions regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

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

SCH	IED	UL	E.	K
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		· /		
the mean of the explains now 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 (\$)		
7 2	6 Address of person from whom amount is received; City; Sta	ate; 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; 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; Stat	te; 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; Star	te; Zip Code		
	Purpose for which amount is received Check if p	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 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 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 Destination city or name of destination location 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 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: 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 location Means of transportation 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

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		The Instruction Guide explains how to complete this form.				
_		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
		DH NAME 2 Filer ID (Ethics Commission Filers)				
J	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	FIL	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder.				
	A.	CAMPAIGN FUNDS				
	С	heck 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				
	Cł	neck 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				
		ICEHOLDER omplete 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				