		CEHOLDER E REPORT			ORM C/OH HEET PG 1
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages file	ed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	мs / MRs / MR FIRST МІ Mr. Timothy W			USEONLY
IAMINE	NICKNAME	LAST Wilkins	Date Received	etaru's	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		APT / SUITE #; CO OO N. 10th Suite P Allen TX 78504	10 ats 4/	etary's C Recewed 13/2025 4:4	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE 70	PHONE NUMBER 77-TimW	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	ws/MRS/wr	_{FIRST} Janie	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Melendez	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	PO Box 6580	McAllen, TX 78526			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 78	PHONE NUMBER 9-0075	extension		
9 REPORT TYPE	January 15	X 30th day before el	lection Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repor	(Attach C/OH - FR)
10 PERIOD COVERED	Month G1 - /	Day Year / 01 / 2025	THROUGH 63	Day Year / (0.3 / 2.4)	ns s
11 ELECTION	ELECTION DA	Year Primary General	Runoff Other Description Special	<u> </u>	
	05 03 2025				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know McAllen District 1	n):	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		1	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2	A CANADA CAN	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethlos Commission Filers)			
Timo	thy Wilkins				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0			
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,729.51			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ -0-			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 50000			
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information			
rec	uired to be reported by me under Title 15, Election Code. Signature of Car	ndidate or Officeholder			
	Please complete either option below	r:			
(1) Affidavit					
NOTARY STAMP/SEAL					
Swom 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	ing oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration	on .				
My name is	and my date of birth is Sight Are MEA//Le T	TX. 72 roy, USA			
Executed in H: Okl	(street) (city) (s County, State of /c/L 1 , on the J day of /// (n/onth	tate) (zip code) (country) . 20 2) . (year)			
	Signature of Candid	ate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ 50000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$2321.09
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$9408.51
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -O-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	ş -O-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -O-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	ii iiie reques	sted information is not applicable, bo NOT include this page in	me report.
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME	Tim Wilkin	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 occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
	Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occul	pation / Job title (See Instructions) Employer (See Instructions)	structions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE. If contributor is out-of-state PAC, please see Instruction guide for addition	AS NEEDED onal 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 forn	1 Total pages Schedule A2:			
2 FILER NAM	Fim Wilkin		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor'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	r 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 Contribution \$ description		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	(FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)		
Contributor	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi				

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED PLEDGES In-kind coptribution Amount 8 5 Date 6 Full name of pledgor out-of-state PAC (ID#: description of Pledge \$ State: Zip Code 7 Pledgor address: City; Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Amount Date out-of-state PAC (ID#:_ Full name of pledgor of Pledge \$ description State; Zip Code City; Pledgor address; __ Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date out-of-state PAC (ID#: Full name of pledgor Pledge \$ description State; Zip Code Ćity; Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Pledge \$ In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Date description City; State; Zip Code Pledgor address; Check If travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE E LOANS

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME		kinggiga Tirana mananininin kananinin na salahan anga anatama na salahan salahan salahan salahan salahan salah	3 Filer ID (Ethics Commission Filers)	
Timothy Wilkins				
	IITEMIZED LOANS		\$ 50000	
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
2021	Timothy Wilkins		50,000	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate -0-	
YN	440 Facto 600 840 Allem TV 70504		11 Maturity date	
12 Principal occupation	113 Eagle Ave McAllen TX 78504 on / Job title (See Instructions)	13 Employer (See Instructions)	2027	
CEOof CADTAX	in the second of the second o	CADTax Property Tax C	onsulting	
14 Description of Coll	ateral	15 Check if personal fundaccount (See Instruct	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	2-7/11-2-7	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal fun	ds were deposited into political	
none		account (See Instruc	tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable		and the second s		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
		Listing and the second		
12.1	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE struction guide for additional re	EDED porting requirements.	
l ir ic	citact to out-of-state PAO, please see in	The second of th	Pavisod 1/1/2025	

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 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

Credit Card Payment	The Instruction Guide explains how to	wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME / in William	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	eden, is, manno e vivining s e e e e e e e e e e e e e e e e e e	The state of the s
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 Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	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 Austir	n, 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 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 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 Qut of District Other (enter a category not listed above)

Candidate Office (Ciden) Office	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F2:	2 FILERNAME Dillin		3 Filer ID (Ethics Cor	nmission Filers)
4 TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATION	s	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State:	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	litical		
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 Au	stin, TX, officeholder living ex	rpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	**************************************	Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-P	olitical		
A CONTRACTOR OF THE PROPERTY O	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office he	
			And the second s	
		464		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEEDED	

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	Tin Wilkows	3 Filer ID (Ethics Commission Filers)
4 Däte	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; 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 (\$)	
- A - A - A - A - A - A - A - A - A - A		,
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.							
Millshoft group growth and the state of the	EXPE	NDITURE CAT	EGORIES	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	By Gift/Awards	age Expense /Memorials Expense ces	Office Ov Polling E: Printing E Salaries/	xpense Vages/Contract Labor	Transpor Travel In Travel O Other (en	on/Fundraising Expense tation Equipment & Related Exper District ut of District ater a category not listed above)	
						ID (Ethics Commission File	
1 TOTAL PAGES SCHEDULE F4:	Timothy Wilkins	mothy Wilkins					
4 TOTAL OF UNITEMIZED EXPI	ENDITURES CHARGED TO A		**************************************		\$		
5 CREDIT CARD ISSUER	Name of financial instituti AMEX	- September - Sept					
6 PAYMENT	(a) Amount Charged \$ 872.49	(b) Date Expenditu 02/28/2		(c) Date(s) Credit Ca 03/10/202 2/28/2025			
		02/22025	(b) Payee ad		City,	State, Zip Code	
7 PAYEE	(a) Payee name		(U) rayee au	11 (=33)	0.017		
	4Signs Digitial						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Description			
X Political	Signs I bought signs			3			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if A			if Austin, TX, offic	eholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name Office Sought District 1				Office Held None		
expenditure to benefit C/OH	Timothy Wilkins			Dioution 4		None	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Ca	ord Issuer Paid		
	\$ 1448.51	02/26/25		02/27/2025			
PAYEE	(a) Payee name	OZIZOIZO	(b) Payee ad	4	City,	State, Zip Code	
e	LOVED NEATHER						
TO TO TO TO TO	LOWES McAllen	read or the trans of this echa	dule)	(b) Description			
PURPOSE OF EXPENDITURE	(a) caregory (see an agree			v own sian	own sign frames		
Political	LUMBER 2x4's			<u> </u>	Check if Austin, TX, officeholder living expense		
Non-Political	(c) Check if travel out	tside of Texas. Complet			K If Austin, 13, of	**************************************	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder Timothy Wilkins	name	Of	fice Spiritrict 1		Office Held None	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit C	ard Issuer Paid		
	\$	1					
PAYEE	(a) Payee name		(b) Payee ad		City,	State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories	Isted at the top of this sch	edule)	(b) Description			
Political	(a) Charlesterman	tside of Texas. Comple	te Schedule T	Ch	eck if Austin, TX,	officeholder living expense	
Non-Political				ffice Sought		Office Held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	яате	V	eren a financia (Persp		9	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS	S NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

			CALADAR ARANGORAMINANTA			
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	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 Timothy Wilkins		3 Filer ID (Ethics Commission Filers)			
4 Date	5. Päyee name	Carlo Adella ()				
	Fantich Media					
6 Amount (\$) 3408.51 Reimbursement from political contributions intended	7 Payee address; 809 W. Business 83 McAllen, TX 785	City; 504	State; Zip Code			
8 PURPOSE	(a) Category (See Categories listed at the top of this school	dule) (b) Description				
OF EXPENDITURE	Mailers and Stickers	We printed Maile	ers for the campaign			
	(c) Check if travel outside of Texas. Complete Scheo	lule T. Check if Austin	, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
	Miguel Cruz of 60/40		,			
Amount (\$) 6,000	Payee address;	City;	State: Zip Code			
Reimbursement from political contributions intended	Edinburg, TX 78	539				
PURPOSE	Category (See Categories listed at the top of this scho	edule) Description				
OF EXPENDITURE	Data Management					
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austin	, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	edule) Description				
	Check if travel outside of Texas. Complete Scheo	Jule 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 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.

	- inner					
		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Ov Polling E pense Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule H:	2 FILER N		·~)		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	s name				, American Company
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description		·
	(c)	Check if travel outside of Texas. C	omplete Schedule T.	Check if Austi	n. TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C		late / Officeholder name	e .	Office sought		Office held
Date	Busines	s name				
Amount (\$)	Busines	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the t	op of this schedule)	Description		
EXPENDITORE		Check if travel outside of Texas. C	complete Schedule T.	Check if Aust	in, TX, officeholder living e	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeholder nam	е	Office sought		Office held
Date	Busines	s name				
Amount (\$)	Busines	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the	top of this schedule)	Description		
EAPENDITURE		Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	tin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/		date / Officeholder nan	ne	Office sought		Office held
1	ΓA	TACH ADDITIONAL (OPIES OF THIS	S SCHEDULE AS NE	EDED	
Farma manidad by Tayas F	Ethica Cammia	cion V	www.ethics.state.t	x.us		Revised 1/1/2025

Forms provided by Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	with the state of			
	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I:	2 FILER NAME im j. (~)		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name		20040000	
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 of	information
Date	Payee name			
Amount (\$)	Payee address;	Ćity	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	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	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	f information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE K

		- F-3			
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:		
2 FILER NAME	1:m (): Kin)	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;	State; 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;	State; 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;	State; 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;	State; 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 minimation 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	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					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(d) 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					
M. MONTANTHANDE OF THE OF THE CONTENSES OF THE PARTY					

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 "Fin 	анкероп: ••				
1	C/OH N	AME / m /): (i)	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TIRE					
•	3 SIGNATURE /						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
			Confidence (Office In Italian				
		Signatu	re of Candidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.						
	A	CAMPAIGN FUNDS					
	Check	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned fr	rom 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 filling 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.					
	В.	ASSETS					
	Check	conly one:					
	l 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 fithat I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to				
			Agrama i				
			Signature of Candidate				
5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as				
1		<u></u>	Signature of Officeholder				