CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH instruction 6	Suide explains how to complete this form.	1 1 not 10 (Editos Contantesión Friots)	z iotai pages mou.
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr. Jeffrey	MI D	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Jeff Martin		FILED FOR RECORD IN MY OFFICE
4 CANDIDATE / OFFICEHOLDER MAILING	1 1	city; state; zip code ary Tx 75643	<u></u> о'сLоск <u>Р</u> м
ADDRESS Change of Address			JAN 17 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION ELEC	Date Hand-delivered or Date Postmarked LORETTA MASON IONS ADMINISTRATOR, PANOLA COUNTY, T
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Mr. Jeffrey	™ BY_	Receigt## Amount \$ DEF Date Processed
NAME	NICKNAME LAST	SUFFIX	
	Jeff Martin		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS		Gary	Tx '75643
(Residence or Business)		,	· · · · · · · · · · · · · · · · · · ·
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	()		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	9 / 29 / 23	THROUGH 12	/ 31 / 23
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	3 / 5 / 24 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	n)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	\	
Additional Dago	GENERAL COMMITTEE ADDRESS		,
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE DAMPAIGN TR	REASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 F	Filer ID (Ethics Commission Filers)
Jeffrey D. Martin		10 /	Her ID (Ethics Commission Flicts)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBU PLEDGES, LOANS, OR GUARANTEES OF L CONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR	\$ 0.00
	 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR 	RANTEES OF LOANS)	\$ 800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITU	JRE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 8,107.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTA	AINED AS OF THE LAST DA	s 80.65
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF THE	\$ 0.00
		Signature of ¢andida	ite or Officenoider
	Please complete either	er option below:	
(1) Affidavit	KELSEY GATES Notary Public State of Texas ID # 13267478-3 Wy Comm. Expires 09-14-2024	KELSEY GATES Notary Public State of Texas ID # 13267478-3 My Comm. Expires 09-14	8333
	before me by Jeff Mark'n	this the	1 day of Jan
- 1	which, witness my hand and seal of office.		Noterry
Signature of officer administr		ring oath	Title of officer administering oath
美国的计划 模	OR	Sentent of the	
(2) Unsworn Declarate	on		
My name is	,	and my date of birth is	
My address is		<u> </u>	<u> </u>
	(street)	(city) (state)	
Executed in	County, State of , on the	day of (month)	, 20 (year)
		Signature of Candidate/0	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAMI Jeffrey D.		20 Filer ID (Ethics Con	nmissio	on Filers)		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. I S	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2. S	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3. s	\$					
4. S	4. SCHEDULE E: LOANS					
5. s	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6. s	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
8. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	7,807.44		
9. ■ S	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	8,107.45		
10. S	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
12. S	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<u> </u>				
The	Instruction Guide explains how	to complete this	; form.	1 Total pages Schedule A1:
² FILER NAME Jeffrey D.	Martin			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Linda Ritter	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11/05/2023	6 Contributor address;	State; Zip Code e Tx 75633	700.00	
8 Principal occu Housewife	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/29/2023	Lyn McGee Contributor address;	City;	State; Zip Code	100.00
	Cartha	age, Tx	75633	
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)				tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITI		OF THIS SCHEDULE AS N	

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 form	n.	1 Total pages Sched	ule AZ:
2 FILER NAM	E		3 Filer ID (Ethics 20	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Chark if trough outside	 -
10 0			L	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDIOIAL)	L	**************************************	
			•	
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
	/		Check if travel outside	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
Contributors	s employer/law firm (FØR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
/				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruction	HIS SCHEDU	LE AS NEEDED additional reporting	requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

PLEDGED CONTRIBUTIONS

SCHEDULE B

				•	
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	lule B:
2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
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		
-	N Principal accur	potion / Joh Aido (Con John Miles)			ide of Texas. Complete Schedule T.
	- Frincipal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	/	Amount of Pledge \$	I In-kind contribution I description
		Pledgor address; City; St	ate; Zip Code	:	
		/		Check if travel outsi	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See		
	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 outsi	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	ation / Jøb title (See Instructions)	Employer (See		
	lf c	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see Insti	OF THIS SCHEDUL ruction guide for a	EAS NEEDED dditional reporting	requirements.

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS Name of lender Loan Amount (\$) Date of loan out-of-state PAC (ID#:_ 10 Interest rate Zíp Code Is lender 8 Lender address; City; a financial Institution? 11 Maturity date YN 12 Principal occupation / Job title (See Instructions) 13 Employer/(See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate Lender address; City; State; Zip Code ls lender a financial Institution? **Maturity date** Y Principal occupation / Job title (See Instructions) Employer (See Instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (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/Onations 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Jeffrey D. Martin 3 Filer ID (Ethics Commission						
4 Date	5 Payee name						
11/27/2023	William "Butch" Marsalis Republicar	n Party Chair					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
750.00		Carthage	Tx	75633			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	FEES	Fees for name Ballot	e placed on G	eneral Primary			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jeffrey D. Martin	Office sought Sheriff		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
	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 Aust	in, 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 Austi	in, 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 NEI	EDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

					in the requested information is not applicable, be the rimblade this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 10(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fee Foo y Gift/ I Committee Leg	nt Expense s d/Beverage Expense /Awards/Memorials Expense al Services he Instruction Guide exp	Office Overt Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor /	Travel In Dist	n Equipmer rict f District	Expense nt & Related Expense not listed above)			
1 Total pages Schedule F2:	2 FILER NAM	E			3 Filer ID (E	Ethics Con	nmission Filers)			
4 TOTAL OF UNITEM	MIZED UNPAI	D INCURRED OB	LIGATIONS	;	\$					
5 Date	6 Payee name	9								
7 Amount (\$)	8 Payee addr	ess;		City;	St	ate;	Zip Code			
9 TYPE OF EXPENDITURE	Politic	cal	Non-Polif	ical						
10 PURPOSE OF EXPENDITURE	(a) Category (Se	se Categories listed at the top of	this schedule)	(b) Description						
	(c) Chec	k if travel outside of fexas. Comple	ste Schedule T.	Check if Au	ustin, TX, officehold	er living exp	pense			
11 Complete ONLY if direct expenditure to benefit C/Oi		te / Officeholder name	Of	fice sought	0	ffice held	1			
Date		/								
	Payee nam	e /								
Amount (\$)	Payee nam			City;	St	date;	Zip Code			
Amount (\$) TYPE OF EXPENDITURE		ress;	Non-Pol		St	date;	Zip Code			
TYPE OF	Payee add	ress;			St	tate;	Zip Code			
TYPE OF EXPENDITURE PURPOSE OF	Payee add	ress;	fthis schedule)	tical Description	St Austin, TX, officehol					
TYPE OF EXPENDITURE PURPOSE OF	Payee add	cal ee Categories listed at the top o	f this schedule)	tical Description	Austin, TX, officehol		ıxpense			
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee add	cal ee Categories listed at the top o	f this schedule)	tical Description Check If A	Austin, TX, officehol	lder living e	ıxpense			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule 53:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased; City	y; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased; City;	State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Leaal 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
Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor 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) Jeffrey D. Martin 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Sign Express 09/25/2023 7 Amount (\$) 8 Payee address: City: State: Zip Code Henderson Tx 75652 6,466.68 TYPE OF **Political** Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Advertising Expense Political Signs 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 Jeff Martin Sheriff expenditure to benefit C/OH Date Payee name 10/09/2023 Sign Express Amount (\$) Payee address; City; State; Zip Code Henderson Tx 75652 1,340.76 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Expense Political Signs **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 Jeff Martin Sheriff 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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services S The Instruction Guide explains h		/ages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule G:		y D. Martin			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne				_
10/20/2023	Capito	One			·····	
6 Amount (\$) 7,807.44 Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this scheding Expense	dule)	(b) Description Payment of Credit Advertisement Ma		litical
EXPENDITORE	(c)	Check if travel outside of Texas. Complete Sched	ule T.	Check if Austin	TX, officeholder living e	xpense
9		late / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		Martin	S	heriff		
Date	Payee na	me	-			
11/22/2023	Sign E	xpress				
Amount (\$) 100.01 Reimbursement from political contributions intended	Payee ad	dress;		city; He nders	State; on Tx	Zip Code 75652
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this scho ing Expense	edule)	Description Political Signs		
		Check if travel outside of Texas. Complete Sched	fule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name Martin	S	Office sought heriff		Office held
Date	Payee na	ime				
11/30/2023		Radio				
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee ad	idress;	,	City: Carthage	State; Tx	Zip Code 75633
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this scho sing Expense	edule)	Description Political Caler	ndar	
		Check if travel outside of Texas. Complete Scheo	dule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name Martin	S	Office sought heriff		Office held
	ATT	ACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEED	DED	

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

SCHEDULE H

						/ 1
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Condidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
JOBE GREET AND THE STREET		The Instruction Guide explains	s how to	complete this form.		
1 Total pages Schedule H:	2 FILER NA	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8	(a) Category	(See Categories listed at the top of this sci	hedule)	(b) Description		
PURPOSE OF EXPENDITURE		:				
	(c) C	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candida	ate / 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 sc	thedule)	Description		
LAI LADITURE		Check if travel outside of Texas. Complete Sch	redule T.	Check if Austin	n, TX, officeholder living ex	(pense
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/C						
Date	Business	s name				
Amount (\$)	Business	s address.		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	7	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	in, TX, officeholder living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candid	date / Officeholder name		Office sought		Office held
	ATI	FACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide evolute hours			
4 Tatal annua Cabadula I	The Instruction Guide explains how to co			
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 in required.)	nstructions 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 in required.)	nstructions 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 ins	structions 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 ins	structions regarding type of i	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sche		1 Total pages Schedule K:
2 FILER NAM	1E	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; St	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; St	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; Sta	ite; 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; St	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 SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule F4 Schedule H Schedule COH-UC Schedule F2 Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule B Schedule B(J) Schedule C2 Schedule A2 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Name of person(s) traveling Dates of travel 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" →
1	C/OH NA	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNAT	URE
	designat	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any not contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4	FILER V	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 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.
	B.	ASSETS
	Checl	k 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
L		
5	OFFIC	EHOLDER uplete 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