CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МΙ OFFICE USE ONLY CANDIDATE / **OFFICEHOLDER** Jeff NAME **Date Received** SUFFIX LAST FILED FOR RECORD IN MY OFFICE STATE: ZIP CODE APT / SUITE #: CITY: CANDIDATE / ** ADDRESS / PO BOX: ΔM O'CLOCK ___ **OFFICEHOLDER** MAILING **ADDRESS** JAN 12 2024 75633 Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Hand delivered of Pats Bratmarked IONS ADMINISTRATOR, PANOLA COUNTY, TEXAS **OFFICEHOLDER** PHONE Amount \$ DEPUTY MI BY FIRST MS / MRS / MR CAMPAIGN . 7 **TREASURER** NAME SUFFIX . LAST NICKNAME Date Imaged STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN **TREASURER** 7433 **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE 8 CAMPAIGN **TREASURER** PHONE 15th day after campaign 9 REPORT TYPE Runoff 30th day before election treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month 10 PERIOD Dav COVERED **THROUGH** 12 ユロスコ ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Month Description Special General OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT		
15 C/OH NAME	Jeff Ivy 16	Filer ID (E	Ethics Commission Filers)
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)	\$	4217.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$	3842.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	E \$	D
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	d correct a	and includes all informatio
	Signature of Candida	duy	
	Signature of Candida	ate o	iceholder
	V		
	Please complete either option below:		
	r lease complete ettilet option below.		
Not State			
Sworn to and subscribed	before me by	7 day	of To a
	which, witness my hand and seal of office. The 150 Capes	<u>-</u> uay	· <u> </u>
Mel syste.	lhelsey Gates	Λ/	10-4
Signature of officer administer			f officer administering oath
	OR	Title 0	Tollicer administering bath
(2) Unsworn Declaration		-	
My name is	, and my date of birth is		
	(street) (city) (state)	(zip co	de) (country)
Executed in	County, State of, on the day of	, , , , ,	ao, (country)
	(month)	, 20_ <u>_</u>	year)
	Signature of Candidate/O	fficeholder	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	Filer ID (Ethics Commission Filers)
Jeff Ivy	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 375. **
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupa	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITIO	ONAL COPIES C	OF THIS SCHEDULE AS NI	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City; State; 2	Zip Code
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTAQUA DESTIONAL CODIES OF T	HIS SCHEDULE AS NEEDED
ATTACH ADDITIONAL COPIES OF T	nio somedule As Needed on guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

_	The Instruction Guide explains	s how to complete	this form.	1 Total pages Sche	dule B:
2 FILE	R NAME			3 Filer ID (Ethics (Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDO	GES .		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID		_) 8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;		State; Zip Code		
				Check if travel outs	I. side of Texas. Complete Schedule
10 Princ	cipal occupation / Job title (See Instruc	tions)	11 Employer (See		
Date	Full name of pledgor	out-of-state PAC (IDa		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City;	State; Zip Code		
					. side of Texas. Complete Schedule T
Princip	oal occupation / Job title (See Instructi	ions)	Employer (See	e 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	I . ide of Texas. Complete Schedule T.
Princi	pal occupation / Job title (See Instruct	ions)	Employer (See		· · · · · · · · · · · · · · · · · · ·
Date	Full name of pledgor	out-of-state PAC (ID#)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Sta	ate; Zip Code		 - -
				Check if travel outside	de of Texas. Complete Schedule T.
Princip	al occupation / Job title (See Instruction	ons)	Employer (See		<u> </u>

SCHEDULE E **LOANS**

The	nstruction 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 UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political idensity
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupat	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitl/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

Credit Card Payment	The Instruction Guide explains how to c		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jeff In		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Panola County Republica	0 .	
11-13-23	Panola County Kepublica	in borty	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
375.00		CARTHRGE	TEXAS > 5633
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		4	
EXPENDITURE		Bign up Fee	<u>e</u>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	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	'	1	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expenditure to something state.			
Date	Payee name		
1			
A			
Amount (\$)	Payee address;	City;	State; Zip Code
-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Straight, (Constitution of the Constitution of	Description	
OF EXPENDITURE		I	
To the CAND Is dispet	Check if travel outside of Texas. Complete Schedule 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 THIS S	SCHEDULE AS NEED!	FN

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 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

Ca	indidate/Officeholder/Political	l Committee	Legal Services The Instruction	n Guide explains		pes/Contract Labor	Other (e	nter a category	not listed above)
1 To	tal pages Schedule F2:	2 FILER	NAME				3 Filer I	D (Ethics Co	mmission Filers)
4 T	OTAL OF UNITEM	MIZED UN	PAID INCUR	RED OBLIG	SATIONS	· · · · · · · · · · · · · · · · · · ·	\$		
5 Da	ate	6 Payee	name						
7 A	mount (\$)	8 Payee	address;			City;		State;	Zip Code
9 E	TYPE OF XPENDITURE		Political		Non-Politi	cal			
10	PURPOSE	(a) Catego	ry (See Categories lis	ted at the top of this s	schedule)	(b) Description			
E	OF XPENDITURE	(2)		-(Torres Consiste Orl				ahabba livian o	
11 Co	omplete <u>ONLY</u> if direct cpenditure to benefit C/OH		Check if travel outside (·		ice sought	ustin, IX, Offic	eholder living e	
D	ate	Payee	name						
A	mount (\$)	Payee	address;			City;		State;	Zip Code
E	TYPE OF XPENDITURE		Political		Non-Polit	ical			
E	PURPOSE OF XPENDITURE	Catego	Ory (See Categories lis	ted at the top of this s	schedule)	Description			
			Check if travel outside	e of Texas. Complete S	Schedule T.	Check if	Austin, TX, off	iceholder living	expense
	omplete <u>ONLY</u> if direct kpenditure to benefit C/OH		ndidate / Officeho	older name	Off	ice sought		Office he	d
		ATTA	CH ADDITIONA	AL COPIES O	F THIS SC	HEDULE AS N	EEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; 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	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made B		Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica	<u>*</u>	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide expl	ains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
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 t	this schedule) (b) Description	
PURPOSE OF			
EXPENDITURE	(4)	-1-0-1-4-7	ustin, TX, officeholder living expense
	(C) Check if travel outside of Texas. Comple	ete Schedule I Check if A	ustin, 1A, oincendider living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of	this schedule) Description	
PURPOSE OF Expenditure			
EXPENDITORE	Check if travel outside of Texas. Comp	olete Schedule T. Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED
	4.1	as state ty us	Revised 11/15/2022

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
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 Salaries/Wages/Contract Labor

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Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	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 (\$) Reimbursement from political contributions intended	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 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		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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 <u>ONLY</u> if direct expenditure to benefit C/C		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 schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDI	=n

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 onations Made By 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	cal Committee					ory not listed above)
Credit Card Payment		The Instruction Guide expl	lains how to com	plete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	is schedule) (b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Off	ice sought		Office held
Date	Business	name				
Amount (\$)	Business	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	iis schedule)	Description		
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Off	ice sought		Office held
Date	Business	s name				
Amount (\$)	Busines	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	his schedule)	Description		
LAF ERDITORE		Check if travel outside of Texas. Complete	le Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Off	fice sought		Office held
	АТ	FACH ADDITIONAL COPIE	ES OF THIS SCI	HEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics 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.)	instructions regard	ling 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 regard	ling 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.)	instructions regardi	ing 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 instructions regarding type of information required.)				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

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

SCHEDULE K

<u> </u>						
The Ir	1 Total pages Sched	Jule K:				
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City;	State; Zip Code				
-	7 Purpose for which amount is received C	theck 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 C	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	information i	s not app	olicable, DO NOT i	nclude this page	in the report.		
The Inst	ruction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commis	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	r / Corporation	or Labor O	rganization / Pledgor /	Payee			
5 Contribution / Expen	nditure reported	d on:					
Schedule A2	_	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	_	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	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 transporta	ation	11 Purpo	se of travel (including i	name of conference, s	seminar, or other event)		
							
Name of Contributor	r / Corporation	or Labor O	rganization / Pledgor /	Payee			
Contribution / Expen	diture reported	on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of	person(s)	traveling				
	Departur	e city or na	ame of departure locati	on			
	Destinati	on city or r	name of destination loc	ation			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor	/ Corporation o	ar Labor O	reanization / Pledger /	Paves			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	Contribution / Expenditure reported on:						
Schedule A2	Schedul	eB [Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedul	e F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel Name of person(s) traveling							
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	tion	Purpos	e of travel (including n	ame of conference, se	eminar, or other event)		
	AT*	TACH ADI	DITIONAL COPIES C	F THIS SCHEDULE	AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	→ Complete only if "Report Type" on page 1 is marked "Final Report" →					
1	C/OH N/	AME 2 Filer ID (Ethics Commission Filers)				
3	SIGNAT	TURE				
	designat	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any on contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
		Signature of Carialdate / Ciriosinolosi				
4	FILER Com	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Check	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	В.	ASSETS				
	Chec	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				
5	OFFIC	EHOLDER splete 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				