CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

3 CANDIDATE / OFFICEHOLDER	· · · · · · · · · · · · · · · · · · ·						1
NAME	Ms/MRs/MR Mr.	FIRST Jeffrey		MI D	OFFICE	USE ONLY	
	NICKNAME Jeff	LAST Martin		SUFFIX	Date Received FILED F IN N	FOR RECORD 1Y OFFICE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; ; Gary Texas 7	75643 AT	- <u>12</u> 0'CL	оск <u>Р</u> м 3 25 2024	+
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered		- NY, TE
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME Jeff	FIRST Jeffrey LAST Martin		MI B D SUFFIX	Date Imaged	nêrekî:	CEPU
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S	UITE #: CITY: Gary		state; Texas	ZIP CODE 75643	
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			* ***	
9 REPORT TYPE	January 15	30th day before e	election Runoff	· · · · · · · · · · · · · · · · · · ·	15th day afte treasurer ap (Officeholder	pointment	
	July 15	8th day before ele	ection Exceeds Reportin	ed Modified na Limit		(Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 26 / 24	THROUGH	Month 2	Day Year / 24		
11 ELECTION	ELECTION DATE Month Day 3	Year Primary	ELE Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUR	GHT (if known)			
COMMITTEE(S)		E OF POLITICAL CONTRIBUTIONS . EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR COMMITTEE NAME					1
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ASURER NAME				-
	-	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIOI	TI MANUE REPORT	
15 C/OH NAME Jeffrey D. Martin	16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 424.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,080.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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.	correct and includes all information
	Please complete either option below:	a or Officeholder
(1) Affidavit NOTARY STAMP/SEAL	KELSEY GATES Notary Public State of Texas ID # 13267478-3 My Comm. Expires 09-14-2024	
Sworn to and subscribed	3000	day of
-	which, witness my hand and seal of office.	
Klarjejatie	helsey Gates	Notary
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR ON	
	, and my date of birth is	·
My address is		
Programme to	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidate/Off	
	Ognature of Candidate/On	Cenduel (Decialant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1 .	19 FILER NAME Jeffrey D. Martin 20 Filer ID (Ethics Co.		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00	
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 CO	NTRIBUTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s 424.36	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	sted 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 A1:
2 FILER NAME Jeffrey D	Martin	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Charlotte Cook	7 Amount of contribution (\$)
02/10/2024	6 Contributor address; City; State; Zip Code Carthage Tx 75633	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	Litions)
Date	Full name of contributor out-of-state PAC (ID#:) Randall Eaves	Amount of contribution (\$)
02/10/2024	Contributor address; City; State; Zip Code Carthage Tx 75633	150.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:) All Seasons Insulation Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions) Carthage Tx 75633 Employer (See Instruc	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains hov	w to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME Jeffrey D	E			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Mauri Pierce	ibutor out-of-state PAC (ID#:)		7 Amount of contribution (\$)
02/10/2024	6 Contributor address:	Beckville	State; Zip Code e Tx 75631	100.00
8 Principal occu	upation / Job title (See Instructions)	,	9 Employer (See Instructi	ions)
Date	Mark Thornton Contributor address; City; State; Zip Code Gary Tx 75643		AC (ID#:)	Amount of contribution (\$)
02/10/2024			50.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	ne instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		 	
10 Principal occ	 cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			2004	
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chack if traval autoic	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (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)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Makes Academics		
 			······································		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

				_		
	The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	
5	Date	6 Full name of pledgor	Out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		l		ate; Zip Code		
10	Principal occu	pation / Job title (See Instru	ections)	11 Employer (See	<u> </u>	de of Texas. Complete Schedule T.
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		
					Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	Out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (iD#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	; Zip Code		
					Check if travel outside	de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	lf c	ATTACH contributor is out-of-state	ADDITIONAL COPIES (PAC, please see instr	OF THIS SCHEDUL	EAS NEEDED dditional reporting	requirements.

Forms provided by Texas Ethics Commission

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LOANS SCHEDULE E

		3, DO NC	OT include this page in the	report.
The	e Instruction Guide explains how	to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS			\$
5 Date of loan			PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?		City;	State; Zip Code	10 Interest rate
L A L N				11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Col	lateral		15 Check if personal fu	unds were deposited into political actions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable		City;	State; Zip Code	
20 Principal Occupat	Lion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state f	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; C	City;	State; Zip Code	Interest rate
YN				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colla	ateral		Check if personal fun account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address; C	City;	State; Zip Code	
not applicable Principal Occupation	on (See Instructions)	T		
	iii (386 iiisiiuciiotis)		Employer (See Instructions)	
If le	ATTACH ADDITION/ nder is out-of-state PAC, please	AL COPIE	ES OF THIS SCHEDULE AS NEE	EDED
		300 1110	ruction Bride for additional te	porting 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/Donations Made By
Candidata/Officeholder/Political Committee
Craft 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 Other (enter a category not listed above)

Cloud Cold Faying II	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
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	in, TX, officeholder living expense
9 Complete <u>ONLY</u> 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 Austin	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

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex		Travel In Distr Travel Out Of	ict District	not listed above)
		The Instruction Guide ex	plains how to c	omplete this form.	•		•
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (E	hics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UN	PAID INCURRED OF	BLIGATION	S	\$		
5 Date	6 Payee	name		**************************************			
7 Amount (\$)	8 Payee	address;	4	City;	Sta	te;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Calegories listed at the top o	f this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Aus	stin, TX, officeholder	living ex	Dense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Can	didate / Officeholder name	0	ffice sought	Off	ice held	
Date	Payee	name		7 2 10 10 10 10 10 10 10 10 10 10 10 10 10	1-		
Amount (\$)	Payee	address;		City;	Stat	:e;	Zip Code
TYPE OF EXPENDITURE	F	olitical	Non-Pol	itical			
PURPOSE OF Expenditure	Categor	(See Categories listed at the top of	this schedule)	Description			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check If Au	stin, TX, officeholde	r living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate / Officeholder name	Ol	fice sought	Offi	ce held	
	ATTAC	H ADDITIONAL COPIES	OF THIS SO	HEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; 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	
	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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense **Printing Expense**

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

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Pavee 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 this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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

Candidate/Officeholder/Polit Credit Card Payment	ical Committee	Legal Services	Salaries/	Wages/Contract Labor	Other (enter a categ	ct ory not listed above)
		The Instruction Guide exp	plains how to	complete this form.		
1 Total pages Schedule G:	1	_{чме} y D. Martin			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me				
02/08/2024		a Watchman				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
424.36 Reimbursement from political contributions intended				Carthage	•	75633
8		(See Categories listed at the top of ti	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Political	Advertisement		Newspaper Ad	vertisement	
9		Check if travel outside of Texas. Complete	a Schedule T.		TX, officeholder living	expense
Complete ONLY if direct		late / Officeholder name	_	Office sought		Office held
expenditure to benefit C/OH	Jen i	Martin	S	heriff		
Date	Payee nar	me			75-14-0-1	
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE	Category	(See Categories listed at the top of th	is schedule)	Description		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
Amount (\$)	Payee add	fress;	· · · · · · · · · · · · · · · · · · ·	City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description		
	C	heck if travel outside of Texas. Complete	Schedule T.	Check if Austin	TX, officeholder living e	Ynanga
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	The second secon	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEEDE	D	

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Lebor

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

Candidate/Officeholder/Poli Credit Card Payment	ical Committee Legal Services	Salaries/Wages/Contract Labor explains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	Appendix to Complete and form.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		<u> </u>
6 Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	f this schedule) (b) Description	
	(c) Check if travel outside of Texas. Comp	lete Schedule T. Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if Austin,	TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/O	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 schedule) Description	
	Check if travel outside of Texas. Comple	ste 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 COPI	ES OF THIS SCHEDULE AS NEED	ED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (E	ithics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	s	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding	g type of	information
Date	Payee name				
Amount (\$)	Payee address;	City	S	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of	information
Date	Payee name				
Amount (\$)	Payee address;	City	St	tate	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See i	instructions regarding	type of i	nformation
Date	Payee name				
Amount (\$)	Payee address;	City	Sta	ate	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding	type of in	ıformation
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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

SCHEDULE K

	Instruction Guide explains how 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 (\$)
	6 Address of person from whom amount is received; City; Star	te; 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; Sta	ite; Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code
	Purpose for which amount is received Check if p	colitical contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code
	Purpose for which amount is received Check if po	olitical contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

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

SCHEDULE T

					- uno pag		
The Instru	iction Guide	explains ho	ow to complete	this form) .	1 Total pages Schedule T:	-
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor /	Corporation	or Labor Orga	anization / Pledg	or / Payee			
5 Contribution / Expendi	iture reported	on:					
Schedule A2		edule B	Schedule B(м Г :	chedule C2		
Schedule F2		edule F4	Schedule G			Schedule D Schedule F1	
	T - , i	· · · · · · · · · · · · · · · · · · ·			chedule H	Schedule COH-UC Schedule B-	·SS
6 Dates of travel	/ Name or	person(s) tra	veling				
	8 Departur	e city or name	e of departure lo	cation			
] }							
	9 Destinati	on city or nan	ne of destination	location			
10 Means of transportation	on	11 Purpose	of travel (includi	ng name of	conference,	seminar, or other event)	
Name of Contributor /	Corporation (or Labor Orga	nization / Pledge	or / Payee			
Contribution / Expendi	iture reported	on:					
Schedule A2		dule B	0-5-4-4- 0/1				
			Schedule B(J		chedule C2	L Contraction	
Schedule F2		dule F4	Schedule G	s	chedule H	Schedule COH-UC Schedule B-S	SS
Dates of travel	Name of	person(s) tra	veling				
	Departure	e city or name	of departure lo	cation			
	Destination	on city or nam	ne of destination	location			
Means of transportation	on	Purpose o	of travel (including	ng name of	conference	seminar, or other event)	
-						Seminar, or other event)	
Name of Contributor / 0	Corporation o	r Labor Orga	nization / Pledgo	or / Payee			
Contribution / Expendit	ure reported	on:					
Schedule A2	Schedule	e B S	Schedule B(J)	Sche	dule C2	Schedule D Schedule F1	
Schedule F2	Schedul	-	chedule G		dule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of	person(s) trav	veling			Panel Can d	
	Departure	city or name	of departure loc	ration			
	•			Jano.,			
	Destinatio	n city or nam	e of destination	location	-	May .	
Means of transportation	n	Purpose o	of travel (includin	g name of	conference,	seminar, or other event)	
					·	,	
	ATT	ACH ADDIT	TONAL COPIE	S OF THIS	SCHEDUL	E AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to comple	
	•• Complete only if "Report Type" on page 1 is mark	ked "Final Report" ••
C/OI	HNAME	2 Filer ID (Ethics Commission Filers)
SIGN	NATURE	
uosig	not expect any further political contributions or political expenditures in connect gnating a report as a final report terminates my campaign treasurer appointmen paign contributions or make any campaign expenditures without a campaign tre	t I also understand that I may not accept and
		Signature of Candidate / Officeholder
FILE	ER WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or income e	earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the rest.	st or income earned on political contributions to pended contributions and that I may not retain tical contributions longer than six years after
B.	ASSETS	, • ==•
Che	eck only one:	
	I do not retain assets purchased with political contributions or interest or oth	er income from political contributions.
	I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	St Or Other income from political applications
		Signature of Candidate
	CEHOLDER mplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	utions if searfiles the test
		Signature of Officeholder