		CEHOLDER CE REPORT		1	FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	To PC		MI R	OFFICE USE ONLY
IAVIAIC	NICKNAME	LAST Tuy		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	; APT / SUITE #;	Carthage	ZIP CODE	ILED FOR RECORD IN MY OFFICE
ADDRESS  Change of Address				AT 1: 23	_ 0'CLOCK <u>ρ</u> M
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSI		Date Rand delivered of Date Postmarked  LORETTA MASON
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST JEW		BY	ADMINISTRATOR, PANDLATOUNTY, TEXAS  DEPUTY
	NICKNAME	Tuy	- 	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS		SUITE#; CITY;	7433	STATE; ZIP CODE
(Residence or Business)	89 m 22 m				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON	·
9 REPORT TYPE	January 15	30th day before	election Run	off.	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e		eeded Modified orting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 26 / 24	THROUGH	Month	Day Year 24 24
11 ELECTION	ELECTION DA			ELECTION TYPE	<u>&amp; T / = T</u>
	Month Day	Year	Runoff	Other Description	
<sub>er</sub> det ee	3/5/	2024 Genera	l Special		
12 OFFICE	OFFICE HELD (if any)	Constable (44	13 OFFICE S	OUGHT (if known	table 164
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE V	VITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT MOATE'S OR OFFICEHOLDER'S KNOWLEDGE OR KEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS		
	•	GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

	***************************************				
15 C/OH NAME			16 Filer ID	(Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	N S	· 0	
a.	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		,	<b>₽</b>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	KPENDITURE.	;	<b>D</b>	
8. A. A.	4. TOTAL POLITICAL EXPENDITU	RES		<b>B</b> <i>D</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LA	ST DAY	<sup>\$</sup> 364	200
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING P		FTHE	\$ O	
	wear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elect		e and corre	ct and include	es all information
		fell	dun		
	-	Signature of Ca	andidate or	Officeholder	
			andidate of		
	Please complet	e either option belov	N:	*	
		- от ориот пото			
S CRY P	KELSEY GATES				
(1) Affidavit	Notary Public State of Texas				
(1) Amdavit	ID # 13267478-3 My Comm. Expires 09-14-2024				
The state of the s	My Collin. Expires				
NOTARY STAMP/SEA	L				
	J.CC J.		77		h
Sworn to and subscribed	before me by <u>Jeff Lv y</u>	this the	<u> </u>	day of	<u> </u>
20 <u>24</u> , to certify	which, witness my hand and seal of office.				
Kleygatu	Kelsey Gate	5		lotar 1	
Signature of officer administe	ring oath Printed name of officer a	dministering oath	Ti	lle of officer ad	ministering oath
	OR				
(2) Unsworn Declaration	on				·
(2) Onsworn Doolards	···				
My name is		and my date of birth is	<b>;</b>		
-			-		
iviy addices is	(street)	_,,,,,,,,,,	state) (zir	code) (	country)
Evecuted in				20	
Executed III	County, State of,	(montl	h) ,	(year)	
					<del></del>
		Signature of Candi	date/Officeho	older (Declara	int)

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

	COVERS	neel FG	
19	FILER NAME 20 Filer ID (Ethics Corr	nmission Filers)	
		· · · · · · · · · · · · · · · · · · ·	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTA AMOUNT	_
1.	SCHEDULE A1: 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 CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	
		,	

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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

	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  uut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
•	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:			
2 FILER NAME	E		3 Filer ID (Ethics Con	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date				9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if traval outsing	l      de of Texas. Complete Schedule T.		
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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 \$	I In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outside	      de of Texas. Complete Schedule T.		
Principal occ	Upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA			
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JU	IDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n 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	HIS SCHEDU	JLE 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.

L					
	The	Instruction Guide explains how to complete	this 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		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City;	State; Zip Code		 
					l. ide of Texas. Complete Schedule T
10	) Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	D#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City;	State; Zip Code		 
				Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occup	ation / 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	l . de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor	D#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occupa	ation / Job title (See Instructions)	Employer (See	Instructions)	
	lf c	ATTACH ADDITIONAL COPI ontributor is out-of-state PAC, please see I			requirements.

Forms provided by Texas Ethics Commission

## LOANS SCHEDULE E

if the requested	information is not applicable, but no	i include this page in the re	port
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state f	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			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	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	1
not applicable		<del></del>	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	Vages/Contract Labor  complete this form.	Other (enter a category not listed above)	
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 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 Austin	n, TX, officeholder living expense	
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	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **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** 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)

	The Instruction Guide explains how to c	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)				
4 TOTAL OF UNITER	MIZED 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 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 Au	stin, TX, officeholder living ex	kpense				
11 Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office hel	d				
Date	Payee name							
Amount (\$)	Payee address;	City;	State;	Zip Code				
TYPE OF EXPENDITURE	Political Non-Po	plitical						
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 A	austin, TX, officeholder living	expense				
Complete ONLY if direct expenditure to benefit C/Ol		Office sought	Office hel	d				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED	<del></del>				

## 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; Cit	
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
· · · · · · · · · · · · · · · · · · ·	The Instruction Guide expla	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	DTO 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 the	nis schedule) (b) Description	
PURPOSE			
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Comple	ste Schedule T. Check if Au	stin, TX, officeholder 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			
LAI ENDITORE	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, 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 NE	EDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

٠,

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 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	cal Committee	Legal Services The Instruction Gu		://wages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule G:	2 FILER NA	AME	<u> </u>		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	me				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
8 PURPOSE OF	(a) Category	(See Categories listed at th	e top of this schedule)	(b) Description		
EXPENDITURE	(c) [	Check if travel outside of Texas	3. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	coense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder na	ime	Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at th	e top of this schedule)	Description		
EAFERDITORE		Check if travel outside of Texas	3. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder na	me	Office sought		Office held
Date	Payee nan	ne				
Amount (\$)	Payee add	tress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	e top of this schedule)	Description		
		Check if travel outside of Texas.	. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder nar	me	Office sought		Office held
	ATTA	CH ADDITIONAL C	OPIES OF THIS S	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.

#### **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 Giff/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	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business 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 ONLY if direct expenditure to benefit C/C	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. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE 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	mmission 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 required.)	instructions regard	ling type of	information
Date	Payee name	196			
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ing type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED		

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

### SCHEDULE K

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

The	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; Sta	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	ate; Zip Code		
	Purpose for which amount is received	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; 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	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### SCHEDULE T

The Instr	uction Guide	explains	s 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 / Pledgo	or / Payee	
5 Contribution / Expend	diture reporter	l on:			
-			<b>—</b>		
Schedule A2	Sch	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name o	f person(s	) traveling		
	8 Departu	re city or r	name of departure loc	cation	
	9 Destinat	ion city or	name of destination	location	
10 Means of transportat	tion	11 Purpo	ose of travel (includin	g name of conference,	seminar, or other event)
Name of Contributor	/ Corporation	or Labor (	Organization / Pledgo	or / Payee	
Contribution / Expend	diture reported	d on:			
Schedule A2	□ Sch	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
=			_		
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s	) traveling		
	Departure city or name of departure location				
	Destinat	ion city or	name of destination	location	
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expend	diture reported	l on:			
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	ıle F4 [	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s	) traveling		
	Departu	re city or n	ame of departure loc	ation	
	Destinat	ion city or	name of destination	location	
Means of transportat	l ion	Purpo	ose of travel (includin	g name of conference,	seminar, or other event)
	ΓA	TACH A	DDITIONAL 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 complete this f					
		◆ Complete only if "Report Type" on page 1 is marked "Fi	nal Report" ••				
1	C/OH N	INAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	IATURE					
	designa	not expect any further political contributions or political expenditures in connection with inating a report as a final report terminates my campaign treasurer appointment. I also paign contributions or make any campaign expenditures without a campaign treasurer a	understand that I may not accept any				
		Signa	ture of Candidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS					
	Chec	eck only one:					
		I do not have unexpended contributions or unexpended interest or income earned	from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from permay not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended politicals or income earned on political contributions in accordance with the requirement.	come earned on political contributions to d contributions and that I may not retain ntributions longer than six years after itical contributions and unexpended				
	B.	ASSETS					
	Chec	eck only one:					
		I do not retain assets purchased with political contributions or interest or other inco	ome from political contributions.				
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or ot personal use. I also understand that I must dispose of assets purchased with polit requirements of Election Code, § 254.204.	her income from political contributions to				
			Signature of Candidate				
5		CEHOLDER					
		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				
		<del></del>	Signature of Officeholder				