		CEHOLDER CEREPORT				ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages fi	leđ
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR	Mary		C.	OFFICE	USEONLY
	NICKNAME	, , , , , , , , , , , , , , , , , , ,	ario	SUFFIX		LOCK P.M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	701 U	West 2nd		ZIP CODE 18332	OCT 0	7 2024
Change of Address			22.72		JORGE IN SO. FE	Wells Co., Texas
5 CANDIDATE/ OFFICEHOLDER PHONE	(34)	701-3782	EXTENSION	775	Date Hand-deligated	or bay bestmarked
6 CAMPAIGN TREASURER NAME	MS MRS / MR Meline NICKNAME	da Gonzale LAST	z-Lozano	MI SUFFIX	Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE), APT / S estnut St.	Alice	b 1	TX	71332
8 CAMPAIGN TREASURER PHONE	AREA CODE	219 - 97	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before	ection Exceed	ed Modified	treasurer a (Officehold	Iter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	D. Month	Day Year /15 / 2024		Month	Day Yea (07/20	524
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		Á
12 OFFICE	OFFICE HELD (if any	. Tax Assessor-O	hector 13 OFFICE SOL TWC T		ssor-Coll	ector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. <i>THESE EXPENDITURE</i> S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WIT	HOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
NIA	COMMITTEE TYPE	COMMITTEE ADDRESS				
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRI	EASURER NAME			
	13 III	COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		- 11594 -				
	Assessment of the	GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	NIA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		s O
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS. OR GUARANTEES OF LOAN	(S)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE L	LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORT)	OF ALL OUTSTANDING LOANS AS NG PERIOD	S OF THE \$
re	SABEL M TREVINO NOTARY PUBLIC STATE OF TEXAS ID # 13009696-5 Comm. Expares 06-20-2027	Maria (true and correct and includes all information of the control of th
	Please com	plete either option bel	ow:
	1		
	which, witness my hand and spail of office.		the TH day of October
Signature of officer admires	DaBel H Neva	officer administering oath	Title of officer administering oa
organizate of united autilities	String value of Printed name of	OR	
(2) Unsworn Declarat	lon		(S) (1) (1) (1) (1) (1) (1) (1) (
My name is		, and my date of birt	th is
			of
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (m	nonth) (year)
		Signature of Ca	andidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

FILER NA	AE 1 1 1 1 1			3 Filer ID (Ethics Commission Filers)
FEET INC.	N/A.			, , , , , , , , , , , , , , , , , , , ,
Date	5 Full name of contributor	out-of-state P	AC (ID#)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State, Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state f	PAC (ID#)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	Out-of-state	PAC (ID#)	Amount of contribution (\$)
•	Contributor address;	City;	State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		Employer (See Instruc	tions)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	NIA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		LITICAL CONTRIBUTIONS (OTHER THA BUARANTEES OF LOANS, OR ELECTRONICALLY)	\$
55:00	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES.	NTRIBUTIONS LOANS, OR GUARANTEES OF LOANS	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXP	ENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS C RTING PERIOD	FTHE \$
	vear, or affirm, under penalty of perjudiced to be reported by me under Title		e and correct and includes all information
		Signature of C	and date or Officeholder
	Please co	mplete either option belo	v:
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	,	this the	day of,
, to certify v	vhich, witness my hand and seal of offi	ce.	
Signature of officer administer	ing oath Printed name	of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth i	
My address is			, , , , , , , , , , , , , , , , , , ,
	(street)		state) (zip code) (country)
Executed in	County, State of	, on the day of	, 20 h) (year)
		Signature of Cand	date/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	ii tile reques	tied information is not applicat	, DO NOT III		
	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1
2	FILER NAME	NIA.			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;		State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
		Contributor address;	City;		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	1 11	C (ID#)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	·
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	lions)
	Date	Full name of contributor	out-of-state PAG	C (ID#)	Amount of contribution (\$)
	•	Contributor address:	City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	lions)
		ATTACH ADDIT		OF THIS SCHEDULE AS Notes of the second seco	

Revised 11/15/2022

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

WA SCHEDULE A2

77 (110 104)	osted internation to not applicable, by Not internation	page	m the report.		
T!	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	NIA		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address City State;	Zip Code	Check if travel outsi	 	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,			
Date	Full name of contributor out-of-state PAC (ID#	Zip Code	Amount of Contribution \$	In-kind contribution description	
	S.I.I.O	2.6 0000	Check if travel outside	i 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	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spau	se (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF I			requirements.	

PLEDGED CONTRIBUTIONS



SCHEDULE B

If the requ	ested information is not applicable, 90 NOT in	clude this page	in the report.		
Th	e Instruction Guide explains how to complete this	form.	Total pages Schedule B: Filer ID (Ethics Commission Filers)		
2 FILER NAM	E				
4 TOTAL O	F UNITEMIZED PLEDGES		\$		
5 Date	6 Full name of pledgor out-of-state PAC (ID#)	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledger address; City; Sta	ate; Zip Code			
			Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See	Instructions)		
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; St.	ate, Zip Code		 	
			Check if travel outs	 ide of Texas, Complete Schedule T.	
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
:	Pledgor address; City; St	ate; Zip Code		 	
			Check if travel outs	ide of Texas. Complete Schedule T.	
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
İ	Pledgor address; City; State	e; Zip Code			
			Check if travel outs	 ide of Texas Complete Schedule T	
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins			g requirements.	

LOANS



SCHEDULE E

			4. Tarriana C. 1. 1. 1. 5
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E
FILER NAME			3 Filer ID (Ethics Commission File
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender aut-of-	state PAC (ID#)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	I
Description of Col	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
		State: Zip Code 21 Employer (See Instructions)	
		1	
	tion (See Instructions)	1	Loan Amount (\$)
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions) -state PAC (ID#:)	Loan Amount (\$) Interest rate
Principal Occupa	tion (See Instructions) Name of lender	21 Employer (See Instructions) -state PAC (ID#:)	
Principal Occupa	tion (See Instructions) Name of lender	21 Employer (See Instructions) -state PAC (ID#:)	Interest rate
Principal Occupa	tion (See Instructions) Name of lender out-of Lender address, City; on / Job title (See Instructions)	21 Employer (See Instructions) -state PAC (ID#:) State; Zip Code Employer (See Instructions)	Interest rate Maturity date ds were deposited into political
Principal Occupa	tion (See Instructions) Name of lender out-of Lender address, City; on / Job title (See Instructions)	21 Employer (See Instructions) -state PAC (ID#:) State; Zip Code Employer (See Instructions)	Interest rate Maturity date ds were deposited into political
Principal Occupa	Name of lender out-of Lender address, City; on / Job title (See Instructions)	21 Employer (See Instructions) -state PAC (ID#:	Interest rate Maturity date ds were deposited into political tions)
Principal Occupation Is lender a financial Institution? Y N Principal occupation of Color Inone GUARANTOR INFORMATION Inot applicable	Name of lender out-of Lender address, City; on / Job title (See Instructions) lateral Name of guarantor Guarantor address. City;	21 Employer (See Instructions) -state PAC (ID#:	Interest rate Maturity date ds were deposited into political tions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

NIA

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Grit/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a calegory not listed above)

Candidate/Officeholder/Politica	ll Committee Legal Services Salaries/V	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	omplete 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 ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	Cîty;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas Complete Schedule T	Check if Aust	lin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	Cily	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 Aus	stin, TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

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 Other (enter a category not listed above)

Committee	Gift/Awards/Memorials Expense Legal Services	Printing Exp Salaries/Wa	ense ges/Contract Labor		ut Of District	not listed above)
	The Instruction Guide expl	ains how to co	mplete this form.			
2 FILER	JAME			3 Filer II	D (Ethics Co	ommission Filers)
IIZED UN	PAID INCURRED OBL	LIGATIONS	3	\$		
6 Payee r	ame			!		
8 Payee	address;		City;		State;	Zip Code
F	Political	Non-Poli	ical			
(a) Categor	/ (See Categories listed at the top of t	his schedule)	(b) Description			
(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	stin, TX. office	holder living e	xpense
Cano	tidate / Officeholder name	Of	fice sought		Office he	ld
Payee	name					
Payee	address;		City;		State;	Zip Code
F	Political	Non-Poli	itical			
Categor	y (See Categories listed at the lop of t	this schedule)	Description			
	Check if travel outside of Texas Compl-	ete Schedule T	Check if A	ustin, TX, offic	ceholder living	expense
Can	didate / Officeholder name	Of		×	Office he	
	2 FILER N IZED UNI 6 Payee n 8 Payee a Canco Payee r Payee a	The Instruction Guide expl 2 FILER NAME IZED UNPAID INCURRED OBL 6 Payee name 8 Payee address: Political (a) Category (See Categories listed at the top of the completed of Texas	The Instruction Guide explains how to co 2 FILER NAME IZED UNPAID INCURRED OBLIGATIONS 6 Payee name 8 Payee address: Political Non-Polit (a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address: Political Non-Polit Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	The Instruction Guide explains how to complete this form. 2 FILER NAME IZED UNPAID INCURRED OBLIGATIONS 6 Payee name 8 Payee address: City: Political Non-Political (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 Candidate / Officeholder name Office sought Payee name Payee address: City: Political Non-Political Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas Complete Schedule T Check if Au Candidate / Officeholder name Office sought	The Instruction Guide explains how to complete this form. 2 FILER NAME IZED UNPAID INCURRED OBLIGATIONS 6 Payee name 8 Payee address: City: Political Non-Political (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. office Candidate / Officeholder name Payee name Payee address: City: Political Non-Political Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas Complete Schedule T Check if Austin, TX, office Candidate / Officeholder name Office sought	The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filter ID (Ethics Complete State) 3 Filter ID (Ethics Complete State) 3 Filter ID (Ethics Complete State) 4 Filter ID (Ethics Complete State) 4 Filter ID (Ethics Complete State) 4 Filter ID (Ethics Complete State) 5 Filter ID (Ethics Complete State) 5 Filter ID (Ethics Complete State) 6 Payee address: Cally: State: Political

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS



SCHEDULE F3

TI	ne 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	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: Cit	y: State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	•	
	· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD



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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$
5 Date	6 Payee name		10)
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch		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	Politica1	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Description	
	Check if travel outside of Texas. Complete Sch	nedule T	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
24-1	LE .		\
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Salaries/W	Printing Expense Salaries/Wages/Contract Labor		Travel Out Of District Other (enter a categ	ct ory not listed above)
1 Total pages Schedule G:	2 FILER NA	AME				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me				·	
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress,			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	/ (See Calegories listed at the top of this so	chedule)	(b) De	scription		
	(c)	Check if travel outside of Texas Complete Sch	hedule T		Check if Aust	tin TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office :	sought		Office held
Date	Payee na	me					
Amount (\$) Reimbursement from political contributions intended	Payee ad	ldress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegor	y (See Calegories listed at the top of this s	schedule)	Đe	escription		
		Check if travel outside of Texas. Complete Sc	chedule T		Check if Aus	stin_TX_officeholder living	expense
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name		Office	sought		Office held
Date	Payee na	nme					
Amount (\$)	Payee ad	ddress:			City	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this s	schedule)	De	escription		
		Check if travel outside of Texas Complete Sc	chedule T	Г	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office	sought		Office held
	ATT	ACH ADDITIONAL COPIES C	OF THIS S	CHEDI	JLE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



SCHEDULE |

				-	
	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule 1:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name	<u> </u>			
6 Amount (\$)	7 Payee address	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Calegory (See instructions for examples of acceptable calegories.)	(b) Description (See required)	instructions rega	irding 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	e instructions reg	arding 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 (Secrequired)	e instructions reg	arding type of	f information
Date	Payee name				
Amount (\$)	Payee address,	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (Se required)	e instructions reg	garding lype o	f information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

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/Officeholdor/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how t	s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule H	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Date	5 Business name		
Amount (\$)	7 Business address;	City:	State; Zip Code
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
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas Complete Schodule 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	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder living expense

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



SCHEDULE K

			- page III				
The Instruction Guide explains how to complete this form.				1 Total pages Schedule K:			
2 FILER NAM	E			3 Filer ID (Et	hics Commission Filers)		
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received:		State	e, Zip Code	8 Amount (\$)		
. 20	7 Purpose for which amount is received		Check if p	political contributi	on returned to filer		
Date	Name of person from whom amount is received	,	*****		Amount (\$)		
	Address of person from whom amount is received;	City;	Stat	te, Zip Code			
Date	Purpose for which amount is received Name of person from whom amount is received		Check if p	political contributi	on returned to filer Amount (\$)		
	Address of person from whom amount is received.	City:					
0	Purpose for which amount is received		Check if p	political contributi	on returned to filer		
Date	Name of person from whom amount is received				Amount (\$)		
	Address of person from whom amount is received;	City	Stat	te; Zip Code			
	Purpose for which amount is received		Check if p	political contributi	on returned to filer		
1000	ATTACH ADDITIONAL COPIES OF	THIS SC	HEDULE	AS NEEDED			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES / P

SCHEDU	LE

If the requested information is not applicable, bo NOT include this page t	ii tile report.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on				
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location	- 12 SAPA-			
9 Destination city or name of destination location				
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	AND PRACTICATION CONTINUES AND AND ADDRESS			
Contribution / Expenditure reported on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, s	seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:	p=14			
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference.	seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E 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" ••
С/ОН	NAME 2 Filer ID (Ethics Commission Filers)
SIGN	ATURE
design	of expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any light contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER Implete A & B below only if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Che	ck 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 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.
B.	ASSETS
Che	ck 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
	CEHOLDER Inplete 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