CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ М OFFICE USE ONLY **OFFICEHOLDER** Ja) NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY STATE: ZIP CODE **OFFICEHOLDER** 465 MAILING **ADDRESS** Change of Address JC Perez III 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (3 Cel) PHONE Receipt # Amount \$ M\$ / MRS / MR 6 CAMPAIGN **TREASURER** NAME Date Processed SUFFIX Date imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; ZIP CODE TREASURER FM Road Leces blical 74332 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (34el) 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 6th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Description General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS) (OTHER THAN PLEDGES, LOANS)	(ANS) \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY \$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	is true and correct and includes all information		
	Signature	of Candidate or Officeholder		
	•			
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me byth	s the,		
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati My name is	tra par Rd lelos . Hice	oirth is 2-27-1465 Ty . Tosas S		
Executed in 1 2 w	(city) County, State of, on the, on the, on the	(state) (zip code) (country) (month) (year) (Candidate/Officeholder (Declarant)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	in the requested information is not applicable, be not include this page in the report.					
	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor 6 Contributor address;		State; Zip Code	7 Amount of contribution (\$)	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	Date	Full name of contributor Contributor address	City;	State; Zip Code	Amount of contribution (\$)	
	Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	lions)	
	Date	Full name of contributor Contributor address;	Out-of-state PAC	State; Zip Code	Amount of contribution (\$)	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	Date	Full name of contributor Contributor address;	out-of-state PAG	State; Zip Code	Amount of contribution (\$)	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
				OF THIS SCHEDULE AS N		
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT
1. SCHEDULE AT: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE AZ NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOAVS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s
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 FUI	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

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	PLEDGE	ED CONTRIBUTIONS		SCHEDULE B	
	If the reques	sted information is not applicable, DO NOT in	clude this page	in the report.	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ule B;
2	FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor	te; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
				Check if travel outsi	de of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgoraut-of-state_PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City Sta	ite; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ite; Zip Code		
		/		Check if travel outsi	de of Texas, Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Riedge \$	In-kind contribution description
		Pledgor address; City; State	Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	oation / Job title (See Instructions)	Employer (See	Instructions)	
	lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst			requirements.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested 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 A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT	TIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 7 Contributor address; City; State; Zip 10 Principal occupation / Job title (ROR NON-JUDICIAL)(See Instructions) 11	Contribution \$ description
	7 722.10
12 Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDISIAL)	5 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 out-of-state RAC (ID#: Contributor address; City; State; Zig	Amount of In-kind contribution description Contribution S description Contribution S description 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)	
ATTACH ADDITIONAL COPIES OF THI	

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LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender Date of loan out-of-state PAC (ID#:__ Loan Amount (\$) 6 is lender 10 Interest rate 8 Lender address; City; State: Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: Cité State, Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender ut-of-state PAC (ID#:_ Interest rate City; Is lender Lender address: State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collatera Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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/Officaholder/Political Credit Card Payment	,	event Expense Fees Foot/Beverage Expense Gift/Awards/Memonals Expense Legal Services	Office Overl Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
31/2/20		The Instruction Guide exp	plains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAI	ME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee nam	ne				
6 Amount (\$)	7 Payee add	ress,		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		See Callegories sted at the top of the steel at the step of the steel at the steel		(b) Description	in, TX, officeholder livin	n expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	9 <u>0</u> 900	Office held
Oate	Payee nan	ne /				
Amount (\$)	Payee add	ress;		City,	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories wind at the top of	this schedule)	Description		
	<u> </u>	Check if player outside of Texas. Comp	Hele Schedige T.		ın, TX. öfficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		te /Officeholder name		Office sought		Office held
Date	Payee ha	ne				
Amount (\$)	Payee add	iress;		City	State	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedute)	Description		
		Check if travel outside of Texas. Comp	plete Schedule T.	Check if Aust	tin, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O!		ite / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COF	PIES OF THIS	SCHEDULE AS NE	EDED	

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested 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 F3:
2 FILER NAMI		3 Filer ID (Ethics Commission Filers)
4 Date	Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; 7 Description of investment 8 Amount of investment (\$)	City; State; Zip Code
Date	Name of person from whom investment is purchased; Address of person from whom investment is purchased; Description of investment Amount of investment (\$)	City; State; Zip Code
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

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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)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date 7 Amourit (\$) 8 Payee address: City; Zip Code 9 TYPE OF Non-Political EXPENDITURE olitical (a) Category (See Categories sted at the lop of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outs of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee addres City: State: Zip Code TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit CIOH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction	Guide explains how to complete this form.	USE A N	IEW PAGE FOR EACH CREDIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME		3 FILER ID (Ethics Commission File	lers)
4 TOTAL OF UNITEMIZED EXPI	ENDITURES CHARGED TO A CREDIT CARD		\$	
5 CREDIT CARD ISSUER	Name of financial institution			
6 PAYMENT	(a) Amount Charged (b) Date Expenditu	re Charged (c) Date	(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this sched	(b) Desc	ription	
Non-Political	(c) heck 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 Sough	t Office Held	
PAYMENT	(a) Amount Charged (b) Date Expenditu	re Charged (c) Date	(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories Issted at the top of this sched	(b) Desc	ription	
Non-Political	(c) Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sough	ot Office Held	
PAYMENT	(a) Amount Charged (b) Date Expenditu	ere Charged (c) Date	(s) Credit Card Issuer Paid	
PAYEE	(a) Pavee name	(b) Payee address;	City, State, Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this sched	dule) (b) besc	ription	
Non-Political	(c) Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sough	Office Held	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEE	DULE AS NEEDED	

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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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memonals Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule & 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date 7 Payee address; 6 Amount (\$) City; State: Zip Code political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Scriedule] Check if Austin, TX, officeholder living expense Candidate / Officeholder Office sought name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City: State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel optside of Texas. Complete Schedule T ck if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Payee address; Amount (\$) City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if 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

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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)

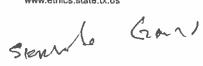
Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Paymont	The Instruction Guide explains how to	complete this form.		ŕ
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Cor	nmission 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 expens	ie .
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Offic	ce held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed of the op of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expens	e
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Offic	ce heid
Date	Business name			
Amount (\$)	Business address;	City;	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 Austin,	TX afficeholder living expens	18
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested 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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
k .				
4 Date	5 Payee name			
6 Amount (\$)	Payee address;	City State Zip Code		
		<u> </u>		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information		
OF EXPENDITURE	categories	required.)		
ZXI ENDITORE				
Date	Payee name			
Amount (S)	Payce address,	City State Zip Code		
PURPOSE	Category (See instructions for examples of acceptable	Description (See Instructions regarding type of information		
OF EXPENDITURE	categories,)	required)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information		
OF EXPENDITURE	categories;)	required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information		
OF EXPENDITURE	categories.)	required.)		
/	X			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Complesion Filers) 4 Name of Contributory Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city of name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule G Schedule COH-UC Schedule B-SS Schedule F4 Schedule H 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) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule Q Schedule F1 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Dates of trave 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 SCHEDULE AS NEEDED

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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 Instruction Guide explains how t	1 Total pages Schedule K:	7	
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics		
1 \	unt is received mount is received; City; Sta		ount (\$)
7 Purpose for which amount is rec	eived Check if	political contribution returned to	filer
Date Name of person from whom area Address of person from whom a	Amı ate; Zip Code	ount (\$)	
Purpose for which amount is rec	eived Check if	political contribution returned to	filer
Date Name of person from whom amo	unt is received	Am	nount (\$)
Address of person from whom a	mount is received; City, Sta	ale, Zip Code	
Purpose for which amount is rec	eived Check if	political contribution returned to	filer
Date Name of person from whom amo	ount is received	Ar	mount (\$)
Address of person from whom a	mount is received; City; St	ate, Zip Code	
Purpose for which amount is rec	eived Check if	political contribution returned to	o filer
ATTACH ADDITE	ONAL COPIES OF THIS SCHEDULI	E AS NEEDED	

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