CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission File	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Eriv Eriv	MI	OFFIC	E USE ONLY
NAME	NICKNAME	Fa.sa.	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2304)	Hishtide Ln	city; state; zip code Bearland Tk 77584		JUL 15 2022 R
Change of Address				_	
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 2	83-2486	EXTENSION	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Kevin	МІ	Pate Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Hunt		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	GUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(281) 7	33-0394	EXTENSION		
9 REPORT TYPE	January 15	30th day before e		treasure (Officeho	after campaign appointment Ider Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Re	port (Attach C/OH - FR)
10 PERIOD COVERED	Month O7	Day Year / 15 / 22	THROUGH	h Day Y	ear 2
11 ELECTION	ELECTION DA	TE .	ELECTION TY	PE	
	Month Day	Year Primary	Runoff Other Description	n	
	1/1/	General General	Special		
12 OFFICE	OFFICE HELD (if any)	i-CF	13 OFFICE SOUGHT (if kn	own)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURE: S MAY HAVE BEEN MADE WITHOUT THE C IRED TO REPORT THIS INFORMATION ONLY	ANDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS		1	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	2	GO TO	PAGE 2		

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 CO PLEDGES, LOANS, OR GUARANTER CONTRIBUTIONS MADE ELECTRON	ES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	'ENDITURE.	\$_0_
	4. TOTAL POLITICAL EXPENDITUR	ES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		F THE \$
	wear, or affirm, under penalty of perjury, that the		e and correct and includes all information
		0	
			7
		Mic	+ 1884 AV
		Signature of Ca	andidate of Officeholder
			7
	Please complete	either option belov	v:
		онно орион вою.	••
*****	************		
OY PO	CATLIVE CANTIL		
	CATHY P. CANTU		
	HOTARY PUBLIC, STATE OF TEXAS Notary ID #5889314		
(1) Affida			
	expires June 07, 2026		
NOTARY STAMP/SEA			
NOTART STAMP / SEA	-		
Sworn to and subscribed	before me by <u>Eric Fagan</u>	this the	15 day of July,
20 22 , to certify	which, witness my hand and seal of office.		,
Contly P. (ante Cathu P.	Contu	
Signature of officer administe	ring oath Printed name of officer ad	ministering oath	Title of officer administering oath
•			
	OR		
(2) Unsworn Declarati	on		
My name is	:	, and my date of birth is	
My address is		·	
	(street)	(city) (s	state) (zip code) (country)
Executed in	County, State of, or	the day of	
	, 01	(month	n) , 20 (year) .
		-	
-		Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL 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 I: 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	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	: (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	; (ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
-					
		ATTACH ADDIT		OF THIS SCHEDULE AS I	

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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.

ТІ	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule 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		
			Check if travel outsi	de of Texas. Complete Schedule T.
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	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	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 \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsic	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	•			
	ATTACH ADDITIONAL COPIES OF T			ı requirements.

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Revised 8/17/2020

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	lule B:
2 FILER NA	AME		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES	-	\$	
5 Date	6 Full name of pledgor uut-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; S	tate; Zip Code		
			Check if travel outs	I. side of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	State; Zip Code		1 1 1
			Check if travel outs	I. side of Texas. Complete Schedule 1
Principal	occupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	State; Zip Code		
			Check if travel outs	l. side of Texas. Complete Schedule
Principal	occupation / Job title (See Instructions)	Employer (Sec	e Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	te; Zip Code		
			Check if travel outs	iside of Texas. Complete Schedule
Principal	occupation / Job title (See Instructions)	Employer (See	e Instructions)	
	·			
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDU	JLE AS NEEDED	
	If contributor is out-of-state PAC, please see Ins	struction guide for	additional reporting	g requirements.

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LOANS

SCHEDULE E

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

	The Ir	struction Guide explains	how to comp	plete this form.	1 Total pages Schedule E:
FILER NA	ME				3 Filer ID (Ethics Commission Filers
TOTAL	OF UNI	TEMIZED LOANS			\$
Date of lo	an	7 Name of lender	out-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 of	occupation	/ Job title (See Instructions	s)	13 Employer (See Instructions)	
Description	n of Collat	eral		Check if personal fur account (See Instruc	nds were deposited into political tions)
GUARANT INFORMA		17 Name of guarantor			19 Amount Guaranteed (\$)
_		18 Guarantor address;	City;	State; Zip Code	
	Occupation	on (See Instructions)		21 Employer (See Instructions)	
Date of loa	an	Name of lender	out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial		Lender address;	City;	State; Zip Code	Interest rate
Institution?	?				Maturity date
Principal of	occupation	/ Job title (See Instructions	s)	Employer (See Instructions)	
Description none	n of Collat	eral		Check if personal fur account (See Instruc	nds were deposited into political ctions)
GUARAN [*] INFORMA		Name of guarantor			Amount Guaranteed (\$)
		Guarantor address;	City;	State; Zip Code	
not an	oplicable			Employer (See Instructions)	
	_	n (See Instructions)			

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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) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name State: Zip Code City; 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

	The Instruction Guide explains how to	complete this form.	Other (eriter a categor)	y not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATION	18	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
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 Aus	stin, TX, officeholder living e	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office he	ld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical		
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	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE 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;	City; 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 SCH	EDULE 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 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
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (\$) City; State: Zip Code TYPE OF Political 1 Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **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 Payee name Date State: Zip Code Payee address; City; Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** 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 Office sought Office held Candidate / Officeholder name 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

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 I Candidate/Officeholder/Politic Credit Card Payment		Expense //Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
political contributions intended	(1) (1)	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel In Di Expense Travel Out (s/Wages/Contract Labor Other (enter

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
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	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(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	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
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date	Business name		
Date Amount (\$)	Business name Business address;	City;	State; Zip Code
Amount (\$) PURPOSE OF		City; Description	State; Zip Code
Amount (\$) PURPOSE	Business address;	Description	State; Zip Code

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to con	ilpiete tilis lottii.			
Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers
4 Date	5 Payee name			4	-
ment of the second					
6 Amount (\$)	7 Payee address;	City		State	Zip Code
2		1			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions rega	rding 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 (Se required.)	ee instructions rega	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 (So	ee instructions rega	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 (Si	ee instructions rega	arding type o	f information

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

SCHEDULE K

The	Total pages Schedule K:	
2 FILER NAME		Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State	Zip Code
	7 Purpose for which amount is received Check if po	olitical 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	litical contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	Zip Code
	Purpose for which amount is received	litical 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	olitical contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

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

SCHEDULE T

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 reporte	d on:		
Schedule A2 Scl	nedule B Schedule B(J) Schedul	le C2 Schedule D Schedule F1	
Schedule F2 Sch	nedule F4 Schedule G Schedul	e H Schedule COH-UC Schedule B-SS	
6 Dates of travel 7 Name	of person(s) traveling		
8 Depart	ure city or name of departure location		
9 Destina	tion city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of confe	rence, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reporte	ed on:		
Schedule A2 Scl	nedule B Schedule B(J) Schedu	le C2 Schedule D Schedule F1	
		le C2	
Schedule F2 Sc	nedule F4 Schedule G Schedul	le H Schedule COH-UC Schedule B-SS	
Dates of travel Name	of person(s) traveling		
Depart	ure city or name of departure location		
Destina	ation city or name of destination location		
Means of transportation	Purpose of travel (including name of confe	rence, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reporte	ed on:		
Schedule A2 Sched	lule B Schedule B(J) Schedule 0	C2 Schedule D Schedule F1	
Schedule F2 Sched	dule F4 Schedule G Schedule I		
Dates of travel Name	of person(s) traveling		
Depart	ure city or name of departure location		
Destina	ation city or name of destination location		
Means of transportation	Purpose of travel (including name of confe	rence, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.	
		Complete only if "Report Type" on page 1 is marked "Final Report" ↔	
1	C/OH N	2 Filer ID (Ethics Commission Filers)	
3	SIGNATURE		
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that sting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder	
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.		
	A.	CAMPAIGN FUNDS	
	Chec	k 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	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other income from political contributions.	
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.	
		Signature of Candidate	
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	
		Signature of Officeholder	