#### 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. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME **Date Received** NICKNAME SUFFIX CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE **OFFICEHOLDER** 2606 Creek Ferrace Drive Missouri City, TX 17459 JAN 14 2022 ROUD **MAILING ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832) 312-5018 PHONE Receipt # Amount \$ MS / MRS / MR **CAMPAIGN TREASURER** Date Processed NAME SUFFIX Date Imaged CAMPAIGN TREASURER 2606 Creek Terrace Drive Missoner City, TX 11459 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (832) 372-5018 PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Month COVERED THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Other Month Year Day General Special OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Otticia	Downd		16 Filer-ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGE	NITEMIZED POLITICAL C S, LOANS, OR GUARANTE BUTIONS MADE ELECTRO	ONTRIBUTIONS (OTHER THAI EES OF LOANS, OR INICALLY)	s 6
		OLITICAL CONTRIBUT HAN PLEDGES, LOANS,	IONS OR GUARANTEES OF LOANS	\$ D
EXPENDITURE TOTALS	3. TOTAL UI	NITEMIZED POLITICAL EX	(PENDITURE.	\$ 0
	4. TOTAL P	OLITICAL EXPENDITU	RES	\$ 0
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTION	S MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF AL OF THE REPORTING PE	L OUTSTANDING LOANS AS C ERIOD	OF THE \$
18 SIGNATURE I	swear or affirm under	penalty of penury that t	he accompanying report is tru	ue and correct and includes all informat
		y me under Title 15, Electi		
	inquired to be reported by	3	1	
	rs er		12 loin a Ok	See /
 			WHICH TO	MA
	* 		Signature of C	andidate or Officeholder
		<u> </u>	<i>;</i>	•
			,	
		`		
:		Please complete	e either option belov	w:
	:	•		·.
,				
·				
(1) Affidavit	•			
NOTARY STAMP/SEA	AL.			÷
Sworn to and subscribed	l before me by		this the	e day of
		d and and -f -ff -		
20, to certify	y which, withess my han	id and seal of office.	· *;	•
Signature of officer administe	ering oath	Printed name of officer a	administering oath	Title of officer administering oa
		; OR		·.
(2) Unsworn Declarati	ion		· · · · · · · · · · · · · · · · · · ·	· · ·
My name is Pate	icia Da	ind	, and my date of birth is	s August 24, 1971
My address is 260k	Cleek te	race Drine	Missouri Cits	TN "19459" USA
	(stree		<del></del>	(state) (zip code) (country)
Executed in Oct 1	)	-1200	on the 14 day of 16	MARA 20 2 2
LACCULEU III	County, Sta	ite of,	on the day of (mon	th) (year)
			4DONRICU	a class
			Signature of Cand	lidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME . 20 Filer ID (Ethics Co	ommission Filers)
Obtricia David	.:
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: 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	\$ 0
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	\$ 800
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	. <b>\$</b>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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 Total pages Schedule A1:
FILER NAMI	Heicia Dougl		2	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
•				<b>.</b>
	6 Contributor address;	City;	State; Zip Code	
			3.	
			O 'Employer (See Instru	=======================================
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	auoris).
···			•	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
				,
	Contributor address;	City;	State, Zip Code	
			- Frankrijes (Spo. Instruc	1-20
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	nions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
•	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instru	ttions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
Date .	<u> </u>	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Date	<u> </u>	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Date .	Full name of contributor		······································	Amount of contribution (\$)
	Full name of contributor  Contributor address;	City;	State; Zip Code	
	Full name of contributor	City;	······································	
Principal occ	Full name of contributor  Contributor address;	City;	State; Zip Code	
	Full name of contributor  Contributor address;	City;	State; Zip Code	
Principal occ	Full name of contributor  Contributor address;	City;	State; Zip Code	
Principal occ	Full name of contributor  Contributor address;	City;	State; Zip Code	
Principal occ	Full name of contributor  Contributor address;	City;	State; Zip Code	
Principal occ	Full name of contributor  Contributor address;	City;	State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

				· · · · · · · · · · · · · · · · · · ·
The	Instruction Guide explains how to complete this for	n.	1 Total pages Sched	lule A2:
2 FILER NAME	Porteicia Dand	3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL OF	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	 
10 Principal occup	pation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	<u> </u>	AL)(See Instructions)
	orincipal occupation (FOR JUDICIAL)	13 Contribu	rtor's job title (FOR JU	IDICIAL) (See Instructions)
· v	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is	s 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		; 
Principal occup	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	<u> </u>	de of Texas. Complete Schedule T.  AL)(See Instructions)
Contributor's p	principal occupation (FOR JUDICIAL)	Contribu	ntor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's e	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	· · ·	· · · · · · · · · · · · · · · · · · ·
		·	· ·	
			•	
			÷	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ILE AS NEEDED	

Revised 8/17/2020

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

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

	If the reques	ted information is not a	pplicable, DO NOT in	clude this page	in the report.	
	The	Instruction Guide explain	ns how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME	Octacia I	Devid		3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLED			\$	
5	Date	6 Full name of pledgor 7 Pledgor address;		ite; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
						r. 1 I:
		,		· · · · · · · · · · · · · · · · · · ·	Check if travel outs	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	uctions)	11 Employer (See	Instructions)	•
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code	-	1 
		:.	:.	•	Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	ate; Zip Code	:	} 
					Check if travel outs	I ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	Zip Code		  -  -
			•		Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)	·.
				÷.		
		** ***	·.			··.
				·		
	lf c	ATTACH	ADDITIONAL COPIES ( PAC, please see Insti			requirements.

## LOANS

### SCHEDULE E

San Page 1

ii the requested	miornation is not applicable	e, DO NOT INCIU	ue this page in the re	port.
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule E:
2 FILER NAME	Heira Dan	d		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	· · ·	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address;	City;	State; Zip Code	10 Interest rate  11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Em	ployer (See Instructions)	
14 Description of Coll	ateral	15	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City:	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Emp	Dioyer (See Instructions)	<u> </u>
Date of loan	Name of lender	out-of-state PAC (ID#:_	)	Loan Amount (\$)
Is lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Em	oloyer (See Instructions)	
Description of Colla	ateral .		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable Principal Occupati	on (See Instructions)	Emį	oloyer (See Instructions)	
15.1-	ATTACH ADDITIO		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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	_
1 Total pages Schedule F1:	2 FILER NAME POLICIA DON	1d	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	
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
9 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	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,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

4. 4. 4. 4.

#### **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

Printing Expense Travel C Salaries/Wages/Contract Labor Other (et

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 complete this form.	•
1 Total pages Schedule F2	2: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	4:
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	÷.
PURPOSE OF Expenditure		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if At	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought OH	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		
	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/C	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

			1 . Total p	pages Schedule F3:	•
π		o complete this form.		:	
<u> </u>	· · · · · · · · · · · · · · · · · · ·		G: 530-11	7 (Ethica Commission Filam)	
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ii	(Ethics Commission Filers)	
40					
4 Date	5 Name of person from whom in	vestment is purchased		•.	
٠.				•	
÷	· ·	•			
	÷.	· · · · · · · · · · · · · · · · · · ·			
13,			City	State Zip Code	
v	6 Address of person from whom	investment is purchased,	Oity,	2.5, 22.5	
.i∧:	•				
.::		9.		•	
1.	en e		:.		
	7.	······································	·		
	7 Description of investment	• •	·		
$\cdot X$		*4*		1.1.3	
			· . ·		
				~	
.:		. ·		٠.	
12	8 Amount of investment (6)		. :	.:	
	6 Amount of investment (5)	·	•	į.	
	<u> </u>			·	
	**	V.,			
·;'		٠.	*	• "	
•	i.	* *	:		
Date	Name of person from whom in	vestment is purchased			
*	, i				
	·	· · · · · · · · · · · · · · · · · · ·			
			City	State: Zin Code	
	Address of person from whom	investment is parchased,	City,	Ciate, 2.p code	
			•		
			,		
•	Description of investment				
•	·	•	·	•	
	÷.	·		:	
		• •		:	
				· .	
			· · · · · · · · · · · · · · · · · · ·		·
	Amount of investment (\$)	:		• • •	
116		· .			
	\$ <u>}</u>	•		•	
		4.			
		)	·	·	
<u> </u>	<u> </u>	<u>:-</u>		.: :	
	* .				
	.*	e :			
	S Name of person from whom investment is purchased  Address of person from whom investment is purchased;  City: State; Zip Code  To Description of investment  Name of person from whom investment is purchased  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  Amount of investment (5)				
	•			• .	
:	·		.2		
			*		
	·		ſ	•	
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIO	NAL COPIES OF THIS SC	HEDULE AS NFF	DED	
	AT TACH ADDITION		// // // //		

## **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

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		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 expl	lains how to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF	Political	Non-Political	
EXPENDITURE 10	(a) Category (See Categories listed at the top of t		
PURPOSE OF EXPENDITURE			
,	(C) Check if travel cutside of Texas. Comple	ete Schedule T. Check if Aus	atin, 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	
PURPOSE	Category (See Categories listed at the top of	this schedule) Description	
OF EXPENDITURE			:
	Check if travel outside of Texas. Compl	lete Schedule T Check if Au	stin, 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

		EXPENDITURI	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Ex Legal Services	Office Ove Polling Ex pense Printing Ex		Travel In District Travel Out Of District	ipment & Related Expense
Credit Card Payment		The Instruction Guid	le explains how to o	omplete this form.		
Total pages Schedule G:	2 FILER NAI	ME			3 Filer ID (Eth	cs Commission Filers)
4 Date	5 Payee nam	ne 	19.7 19.7 19.7			
6 Amount (\$)	7 Payee add	lress;	:	City;	State	Zip Code
Reimbursement from political contributions intended					· · · · · · · · · · · · · · · · · · ·	:
8 PURPOSE OF	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description		e už
EXPENDITURE	(c) c	Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nan	ne	Office sought		Office held
Date .	Payee nan	ne	ï			
Amount (\$)	Payee add	fress;		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 Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder nar	ne ·	Office sought	:	Office held
Date	Payee rian	ne				٠.
Amount (\$)	Payee add	iress;	<del></del>	City;	State;	Zip Code
Reimbursement from political contributions intended		1 3 4			· ·	Á.
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)	Description		:
LAI LIIDITURE		Check if travel outside of Texas.	Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct	Candid	ate / Officeholder nar	ne	Office sought		Office held

### 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

**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 Candidate/Officeholder/Politicedit Card Payment		<ul> <li>Gift/Awards/Memorials Expense</li> <li>Legal Services</li> <li>The Instruction Guide ex</li> </ul>	Salaries	Expense  *///ages/Contract Labor  complete this form.		ut Of District nter a category	not listed above)
Total pages Schedule H:	2 FILER NA	ME		· · · · · · · · · · · · · · · · · · ·	3 Filer	ID (Ethics	Commission Filer
Date	5 Business	name			<u>.</u>		·
			<del></del>				<u></u>
Amount (\$)	7 Business	address;		City;		State;	Zip Code
			\$ \$		:		# <sub>1</sub>
	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Description	· -		
PURPOSE	-,		4.				
OF EXPENDITURE		· .			· ·.		-
	(c) C	heck if travel outside of Texas. Complete	te Schedule T.	Check if Austin	n, TX, officeho	older living exp	ense
Complete ONLY if direct		te / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·		ffice held
expenditure to benefit C/O	Н	·:.		J	·		
Date	Business	name					
					• "		•.
Amount (\$)	Business	address;		City;	:	State;	Zip Code
							•
	Category (	See Categories listed at the top of the	nis schedule)	Description			
PURPOSE OF							
EXPENDITURE	a	neck if travel outside of Texas. Complete	e Schedule T.	Check if Austin	, TX, officeho	lder living exp	ense
Complete ONLY if direct expenditure to benefit C/OI		te / Officeholder name		Office sought		0	ffice held
Date	Business	name					
·							·
Amount (\$)	Business	address;		City;	••	State;	Zip Code
		•.•		•	4.5		
<u>:</u>	•	3 · 1	•.		. •		
	Category	See Categories listed at the top of the	nis schedule)	Description			
PURPOSE							
OF EXPENDITURE		•					
	c	neck if travel outside of Texas. Complete	e Schedule T.	Check if Austin	, TX, officeho	older living exp	ense
Complete ONLY if direct expenditure to benefit C/OI		te / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	0	ffice held
	ATTA	CH ADDITIONAL COPIE	S OF THIS	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 Cor	mmission Filers)
· .		•			· .		
4 Date	5 Payee name		٠.				
		•			•		
6 Amount (\$)	7 Payee address;		• ::	City		State	Zip Code
	,						
8		structions for examples of acceptable		(b) Description (See	instructions rega	rding type of	information
PURPOSE OF EXPENDITURE	categories.)			required.)			'. . ·
					•		
Date	Payee name		•				•
Amount (\$)	Payee address;	· · · · · · · · · · · · · · · · · · ·		City		State	Zip Code
					· · · . · ·		
PURPOSE		structions for examples of acceptable		Description (Sec	e instructions rega	rding type of	information
OF EXPENDITURE	categories.)	٠.		required.)			
							·
Date	Payee name						
Amount (\$)	Payee address;			City		State	Zip Code
							•
PURPOSE		structions for examples of acceptable	•	Description (See	instructions rega	rding type of	information
OF Expenditure	categories.)			required.)			•
							·
Date	Payee name	-			,	<del></del>	
3 . M							
Amount (\$)	Payee address;			City	. ~	State	Zip Code
•							
PURPOSE	Category (See in	structions for examples of acceptable	· · · · · · · · · · · · · · · · · · ·	Description (See	instructions rega	rding type of	information
OF EXPENDITURE	categories.)		•	required.)			
	ATTACH A	DDITIONAL COPIES OF T	HIS S	SCHEDULE AS NE	EDED		
		· · <del>- ·</del> ·		<b></b>			

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

### SCHEDULE K

_							<del></del>	
The Instruction Guide explains how to complete this form.  1 Total pages School						es Sche	dule K:	
2	FILER NAME	÷ .			3 Filer ID	(Ethics	s 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;	Stat	e; Zip Co	de		
	•							٠.
				· .				:
	:::	7 Purpose for which amount is received		Check if	political cont	ribution	returned to filer	À
			;·.·			. •		:
_								
	Date	Name of person from whom amount is received					Amount (\$)	. :
	:					,"		
		Address of person from whom amount is received;	City;	Sta	te; Zip Cod	de		
								. •
	: '				-			
	•	Purpose for which amount is received		Check if	political cont	nbution	returned to filer	;
	·.							
	Date	Name of person from whom amount is received	٠.				Amount (\$)	
		Address of person from whom amount is received;	City;	Stat	e; Zip Co	de		
								<u>:</u>
		Purpose for which amount is received		Check if	political cont	ribution	returned to filer	
	Date	Name of person from whom amount is received				7.	Amount (\$)	
	Date	Name of person from whom amount is received				٠.	, , , , , , , , , , , , , , , , , , , ,	
	:	i						
	·	Address of person from whom amount is received;	City;	Sta	te; Zip Co	de		
	·		. :-			<i>.</i>		
		Purpose for which amount is received		Check if	political cont	nbution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

### SCHEDULE T

if the requested militariation is not applicable, be not iniciate this page in the report						
The Instruction Guide	1 Total pages Schedule T:					
2 FILER NAME	FILER NAME					
4 Name of Contributor / Corporation	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported	lon					
	edule B					
Schedule F2 Sch	edule F4  Schedule G  Schedul	B H Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name o	f person(s) traveling					
8 Departu	re city or name of departure location					
		44				
9 Dectinat	ion city or name of destination location					
Josuna	ion dily of hame of desimation location					
10 Means of transportation	11 Purpose of travel (including name of confe	ence, seminar, or other event)				
Name of Contributor / Companies	or Labor Organization / Pledgor / Payee					
Name of Contributor / Corporation	or Labor Organization / Fledgor / Fayee					
Contribution / Expenditure reported	d on:					
Schedule A2 Sch	edule B Schedule B(J) Schedul	e C2 Schedule D Schedule F1				
Schedule F2 Sch	edule F4  Schedule G  Schedul	e H Schedule COH-UC Schedule B-SS				
Dates of travel Name of	f 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 confe	rence, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Sched	ule B Schedule B(J) Schedule (	22 Schedule D Schedule F1				
Schedule F2 Sched						
Dates of travel Name of	f person(s) traveling					
Departure city or name of departure location						
Departure dity of flame of departure location						
Destina	Destination city or name of destination location					
Means of transportation	Means of transportation Purpose of travel (including name of conference, 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" --2 Filer ID (Ethics Commission Filers) C/OH NAME 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. ature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. .. CAMPAIGN FUNDS Check 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 Check 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. **OFFICEHOLDER** Complete 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.

Revised 8/17/2020

Signature of Officeholder