## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

	and the second sec		
The C/OH Instruction Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission File	ars) 2 Total pages filed:
CANDIDATE / OFFICEHOLDER	DAN	Å.	OFFICE USE ONLY
NICKNAME	Smith ()	SUFFIX	JAN 17 2023
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	x Stillwelle	TTY: STATE; ZIP CODE	
Change of Address	avri Citu	IX I'MX7	
CANDIDATE/ OFFICEHOLDER PHONE	PHONE NUMBER		Date Hand-delivered or Date Postmarked
	n filest	Ĩ. <sup>™</sup>	
NAME		SUFFIX	Date Processed Date Imaged
	recmand		
CAMPAIGN TREASURER ADDRESS	Palm Hart	DOUR DE	STATE; ZIP CODE
Residence or Business)	SOURI City	TK 17484	
CAMPAIGN TREASURER PHONE	PHONE NUMBER	EXTENSION	
(8.2K),	260-228.	2	
REPORT TYPE	5 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
PERIOD COVERED	Day Year /18/2022		th Day Year 2/31/2022
ELECTION ELECTION	DATE	ELECTION T	YPE
Month Day	y Year Primary	Runoff Other Descriptic	0
/	General	Special	····
	icl Arecinct ,	3 OFFICE SOUGHT (If kr	nown)
THE CANDIDATE / OF	FICEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE	S MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR I IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL Additional Pages	COMMITTEE ADDRESS		
SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
1	GO TO I	PAGE 2	
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·	and the second				
15 C/OH NAME			16 File	er ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE		THAN	s T	)
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LO	DANS)	\$ (	)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$ 1	)
	4. TOTAL POLITICAL EXPEN	DITURES		\$ 7	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	JTIONS MAINTAINED AS OF TH	IE LAST DAY	\$ 5	94.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS NG PERIOD	AS OF THE	\$ 5	735.97
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,		is true and co	prrect and inclu	udes all information
icq	unea to be reported by the under fille 13,	pory L	of Candidate	or Officeholde	G, er
	Please com	plete either option b	elow:		
(1) Affidavit	THERESA A. Notary Public, Sta Comm. Expires ( Notary ID 12)	ate of Texas 02-02-2026			
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by Dary 1 L. Sn	nith, Sr. this	the <u>174</u>	h day of	annary.
	which, witness my hand and seal of office.	A Pitand	7		
Signature of officer administer	ing oath Printed name of o	fficer administering oath	Pepartn		administering oath
orgination of other administer	ring out rinked hane of o	OR			3
(2) Unsworn Declaratio	on	0			
My name is		, and my date of b	irth is		·
My address is	<u></u>				
	(street)	(city)		(zip code)	(country)
Executed in	County, State of	, on the day of(	month)	, 20 (year)	
		Signature of (	Candidate/Offic	eholder (Decla	arant)
Forms provided by Texas Eth	nics Comm	s.sta Posot P	000	ng	Revised 8/17/2020
	Reset Form	Reset Pa	ige		

# SUBTOTALS - C/OH

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

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 05
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	s Ø	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s B
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s'Ø	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$ 8	

state

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	and a state of the second		
T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (	ID#:)	7 Amount of contribution (\$)
	6 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 PAC (	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	supation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	supation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF		
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date				9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outs	I I ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	· · · ·	
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
				. 1
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct	HIS SCHEDU	JLE AS NEEDED additional reporting	g requirements.
Forms provided b	y Texas Ethics Comm Reset Form s.sta	Rese	t Page	Revised 8/17/2020

# PLEDGED CONTRIBUTIONS

SCHEDULE B

Tł	he Instruction Guide explains how to complete	this form.	1 Total pages Sched	dule B:	
FILER NAM	IE		3 Filer ID (Ethics Commission Filers)		
TOTAL O	F UNITEMIZED PLEDGES		\$		
Date	6 Full name of pledgor Out-of-state PAC (II	D#:)	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address; City;	State; Zip Code		1 1 1	
			Check if travel outs	i. side of Texas. Complete Schedu	
Principal oc	cupation / Job title (See Instructions)	11 Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (II	D#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City;			   	
			Check if travel outs	I. ide of Texas. Complete Schedu	
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor 🗌 out-of-state PAC (IE	)#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City;				
			Check if travel outs	I. ide of Texas. Complete Schedu	
Principal occ	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	
	Pledgor address; City; S	štate; Zip Code			
			Check if travel outs	ide of Texas. Complete Schedu	
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)		
P	ATTACH ADDITIONAL COPI f contributor is out-of-state PAC, please see I			requirements.	
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## LOANS

## SCHEDULE E

	dense adultante de saturdade e virante	the second se	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate 11 Maturity date	
	on / Job title (See Instructions)		
14 Description of Coll none	ateral	15 Check if personal fun- account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	<ul><li>17 Name of guarantor</li><li>18 Guarantor address; City;</li></ul>	State; Zip Code	<b>19</b> Amount Guaranteed (\$)
not applicable		24 -	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political ions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION			
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI	EDED
	nder is out-of-state PAC, please see In		Revised 8/17/2020
Forms provided by Texas	s Ethics Comm Reset Form	<sup>s.sta</sup> <b>Reset Page</b>	11641364 0/11/2020

# 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 Commit Credit Card Payment		Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form		ead/Rental Expense nse ense ges/Contract Labor	se Transportation Equipment & Related Expense Travel In District Travel Out Of District r Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payeen	ame					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this so	chedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Aust	in, TX, officeholder living	) expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed at the top of this sch	nedułe)	Description			
		Check if travel outside of Texas. Complete Sch	iedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
Date	Payeen	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	(See Categories listed at the top of this sch	nedule)	Description			
		Check if travel outside of Texas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEI	EDED		
Forms provided by Texas Et	hics Com	Reset Form <sup>cs.</sup>	.5	Reset Page		Revised 8/17/2020	

	mation is not applicable, DO			EDULE F2
	EXPENDITURE	E CATEGORIES FOR BOX	(10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Ex al Committee Legal Services	Loan Repayment/Reim Office Overhead/Renta Polling Expense	bursement al Expense Transportation Equip Travel In District Travel Out of Distric ot Labor Other (enter a catego	ment & Related Expense
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4 TOTAL OF UNITER	IZED UNPAID INCURRED	OBLIGATIONS	\$	
5 Date	6 Payee name		I	
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 th	te top of this schedule) (b) Desc	cription	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	(C) Check if travel outside of Texas. Candidate / Officeholder n	Anter and the second	Check if Austin, TX, officeholder living	· · · · · · · · · · · · · · · · · · ·
Date	Payee name			
Amount (\$)	Payee address;		City; State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	e top of this schedule) Des	cription	
	Check if travel outside of Texas	s. Complete Schedule T.	Check if Austin, TX, officeholder living	) expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame Office sough	ht Office he	əld
ананананананананананананананананананан				

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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1	The Instruction Guide explains how to	complete this form.	1 Total pages	Schedule F3:
2 FILER NAME		- 1700 the	3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Name of person from whom inve	stment is purchased		
	6 Address of person from whom in	vestment is purchased;	City;	State; Zip Code
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom inve	stment is purchased		
	Address of person from whom in	vestment is purchased;	City;	State; Zip Code
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONA	L COPIES OF THIS SO	CHEDULE AS NEEDED	
orms provided by	Texas Ethics Commi Reset I	orm <sup>.stat</sup>	Reset Page	Revised 8/17/2020

EXPENDITU							CHEDULE F4
If the requested infor	mation is n	ot applicable	e, DO NOT incl	ude this	page in the rep	port.	
		EXPEND	DITURE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Legal Services	Expense morials Expense tion Guide explain:	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transportation Travel In Distri Travel Out Of	
1 Total pages Schedule F4:	2 FILER					3 Filer ID (E	thics Commission Filers)
4 TOTAL OF UNITEN		ENDITURE	SCHARGED	TOACR	EDITCARD	\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;			City;	State	e; Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories	listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outs	ide of Texas. Complete S	chedule T.	Check if Au	ustin, TX, officeholde	er living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Office	holder name	Of	ffice sought	Off	fice held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State	e; Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical		
PURPOSE	Categor	y (See Categories	listed at the top of this s	schedule)	Description		
EXPENDITURE		Check if travel outs	side of Texas. Complete S	ichedule T.	Check if Au	ustin, TX, officehold	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Office	holder name	0	ffice sought	Ofi	fice held
	ATTAC		NAL COPIES O	F THIS S	CHEDULE AS NE	EDED	
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES FOR BOX 8(a	)	
Advertising Expense Accounting/BankIng Consulting Expense Contributions/Donations Made By Candidate/Officehokder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Locan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor		ense Transportation E Travel In Distric Travel Out Of D oor Other (enter a c	
		The Instruction Guide explain	ns how to complete this for	rm.	
1 Total pages Schedule G	E 2 FILER N	AME		3 Filer ID (E	thics Commission Filers)
4 Date	5 Payee na	me			
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress;	y; Sta	te; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EATENDITORE	(c)	Check if travel outside of Texas. Complete Sci	redule T. Check	if Austin, TX, officeholder liv	ving expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O		late / Officeholder name	Office sought		Office held
Date	Payee na	me			
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;	City	r; Sta	te; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule) Description	n	
		Check if travel outside of Texas. Complete Sci	if Austin, TX, officeholder liv	ving expense	
Complete <u>ONLY</u> if direc expenditure to benefit C	t	ate / Officeholder name	Office sought		Office held
Date	Payee nar	ne			
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	thedule) Description	1	
		Check if travel outside of Texas. Complete Sch	edule T. Check i	f Austin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office sought		Office held
	ATTA	CH ADDITIONAL COPIES O	THIS SCHEDULE AS I	NEEDED	
Forms provided by Texas I	Ethics Com	Reset Form	Reset Pag	je	Revised 8/17/2020

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATE	GORIES FOR	BOX 8(a)		
e By tical Committee	Event Expense Fæs Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Rental Expense Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
2 FILER N	AME			3 Filer ID (Eth	ics Commission Filers)
5 Business	name				
7 Business	address;		City;	State;	Zip Code
(a) Category	(See Categories listed at the top of this s	chedule) (b) D	escription		
(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	g expense
Candida DH	ate / Officeholder name	Office	sought		Office held
Business	name				
Business	address;		City;	State;	Zip Code
Category	(See Categories listed at the top of this so	chedule) Do	escription		
C	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	g expense
Candida	ate / Officeholder name	Office	sought		Office held
Business	name				
Business	address;		City;	State;	Zip Code
Category	(See Categories listed at the top of this s	chedule) D	escription		
Check if travel outside of Texas. Complete Schedule T.		hedule T.	Check if Austin, TX, officeholder living expense		
Candida DH	ate / Officeholder name	Office	sought		Office held
ATT	ACH ADDITIONAL COPIES (	OF THIS SCHEE	DULE AS NEED	DED	
thics Com	Reset Form	s.s Res	et Page		Revised 8/17/2020
	2       FILER N/         5       Business         7       Business         (a)       Category         (c)       C         Category       Category         Category       C         Business       Business         Business       Category         Category       C         Category       C	Event Expense Fees Food/Beverage Expense Legal Services The Instruction Guide explain File Instruction Guide explain Guide Services File Instruction Guide explain File Instruction Guide explain (c) Category (See Categories listed at the top of this services Category (See Categories listed at the top of this services Category (See Categories listed at the top of this services Candidate / Officeholder name Category (See Categories listed at the top of this services Candidate / Officeholder name H Business name Business name Business name Category (See Categories listed at the top of this service) Candidate / Officeholder name Category (See Categories listed at the top of this service) Candidate / Officeholder name Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories listed at the top of this service) Category (See Categories) Category (See Categories) Category (See Categories) Categor	Event Expense Fees Fees Stard Committee       Loan Repayment/ Office Overhead/ Diling Expense Stard Stardweet/Committee         2       FILER NAME         5       Business name         7       Business address;         (a) Category (See Categories listed at the top of this schedule)       (b) D         (c)       Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name       Office         Business address;       Diling Expense         Business address;       Office         Category (See Categories listed at the top of this schedule)       (b) D         Category (See Categories listed at the top of this schedule)       Diling Expense         Business name       Office         Business address;       Diling Expense         Category (See Categories listed at the top of this schedule)       Diling Expense         Business address;       Diling Expense         Business name       Office         Business name       Diling Expense         Business name       Office         Category (See Categories listed at the top of this schedule)       Diling Expense         Category (See Categories listed at the top of this schedule)       Diling Expense         Category (See Categories listed at the top of this schedule)       Diling Expense	Fees codd/Sverage Expense Cit/Xverd/sMemorials Expense Cit/Xverd/sMemorials Expense Printing Expense Printing Printing Printing Expense Printing Expense Printing	Event Expanse Free manage Expanse       Loss Repayment/Reintursement Combed/Reintal Expanse Prime Schrides/Mages/Contract Labor       Solidation/Funda Transportation and the count of the

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

	The Instruction Guide explains how to co	mpiete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Fi
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
orms provided by Texas E	thics Com Reset Form cs.s	Reset Page Revised 8/17/2

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	nte; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Stat	ie; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
ns provided by T	exas Ethics Com Reset Form cs.s Reset P	age Revised 8/17/20

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

SCHEDULE T

	If the requested information	s not applicable, DO	NOT include this	page in the report
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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	on / Pledgor / Payee
Schedule F2     Schedule F4     Schedule	
9 Destination city or name of d 10 Means of transportation 11 Purpose of trave	estination location al (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization	n / Pledgor / Payee
	edule B(J) Schedule C2 Schedule D Schedule F1 edule G Schedule H Schedule COH-UC Schedule B-SS
Destination city or name of d	
Means of transportation Purpose of trave	el (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organizatio	n / Pledgor / Payee
Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule F2       Schedule F4         Dates of travel       Name of person(s) traveling         Departure city or name of departure	
Destination city or name of de	estination location
Means of transportation Purpose of trave	el (including name of conference, seminar, or other event)
ATTACH ADDITIONA	L COPIES OF THIS SCHEDULE AS NEEDED
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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

		The Instruction Guide explains how to Complete only if "Report Type" on page 1	
	C/OH	NAME	2 Filer ID (Ethics Commission Filers)
	SIGN	ATURE	
	design	ot expect any further political contributions or political expenditures in ating a report as a final report terminates my campaign treasurer app ign contributions or make any campaign expenditures without a camp	ointment. I also understand that I may not accept any
			Signature of Candidate / Officeholder
		R WHO IS NOT AN OFFICEHOLDER nplete A & B below only if you are not an officeholder. ••	
	Α.	CAMPAIGN FUNDS	
	Chec	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 may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of interest or income earned on political contributions in accordance of	d interest or income earned on political contributions t of unexpended contributions and that I may not reta d on political contributions longer than six years after unexpended political contributions and unexpended
	в.	ASSETS	
	Chec	sk only one:	
		I do not retain assets purchased with political contributions or inter	est or other income from political contributions.
I do retain assets purchased with political contributions or interest or other income from political that I may not convert assets purchased with political contributions or interest or other income fipersonal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contributions or interest or other income field that I must dispose of assets purchased with political contribu		or interest or other income from political contributions t	
			Signature of Candidate
	OFFIC •• Con	CEHOLDER nplete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an file. I am also aware that I will be required to file reports of unexpend an officeholder, I retain political contributions, interest or other incom political contributions or interest or other income from political contri	ed contributions if, after filing the last required report as e from political contributions, or assets purchased with
			Signature of Officeholder