CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	Ms/MRS/MR FIRST	PMI	OFFICE USE ONLY			
NAME	NICKNAME Glenn	SUFFIX Jr.	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Richmond Texas	JUL 17 2023 RCV			
Change of Address	10193 W. Grand PKWy St	re. 105-107 77407				
6 CANDIDATE/ OFFICEHOLDER PHONE	(832) 729-2320	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MS. Femcka	MI S	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date 110063300			
	Glenn	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		STATE; ZIP CODE			
(Residence or Business)	3010 Laney Blossom Ct.	Cichmond, Ix. 7740	Q			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(281) 226-3152					
9 REPORT TYPE	January 15 30th day before el	Connected Medified	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before elec	Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	THROUGH 7	Day Year / 15 / 23			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Primary	Runoff Other				
	Month Day Year General	Description Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS / THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER 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)					
		That is (Euros commission There)					
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5					
	4. TOTAL POLITICAL EXPENDITURES	\$ 8					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	S A					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	* 8					
	wear, or affirm, under penalty of perjury, that the accompanying report is true arguired to be reported by me under Title 15, Election Code.	nd correct and includes all information					
	Cianature of Candi	date or Officeholder					
,	Signature of Candi	date of Officerolder					
		90					
	Please complete either option below:						
. Iodoc osmpioto orano opinom							
(1) Affidavit							
(1)7							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by this the	day of,					
	which, witness my hand and seal of office.						
Signature of officer administer		Title of officer administering oath					
	OR						
(2) Unsworn Declarati							
My name is Marior							
My address is 3010	(nihe) (nihe)	b) (zipcode) (country)					
Executed in Fort Ben	(street) (site)	1, 20 <u>23</u> .					
	Signature of Candidate	e/Officeholder (Decl arant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)					
	Femeka Glenn						
	SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &					
4.	SCHEDULE E: LOANS	\$ 0					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 0					
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	\$ D					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$ B					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ Ø					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$					

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

6 Co Principal occupation / Date Full	Job title (See Instructions)		State; Zip Code 9 Employer (See Instruct	3 Filer ID (Ethics Commission Filers)7 Amount of contribution (\$)
6 Co Principal occupation / Date Fu	ntributor address; Job title (See Instructions)		State; Zip Code	
Principal occupation / Date Fu	ntributor address; Job title (See Instructions)			
Date Fu			9 Employer (See Instruct	
Dato				ions)
	I name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	ntributor address;	City;	State; Zip Code	
Principal occupation / 、	ob title (See Instructions)		Employer (See Instruct	ions)
Date Ful	name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1	ntributor address;		State; Zip Code	
Principal occupation / 、	lob title (See Instructions)		Employer (See Instruct	ions)
Date Ful	I name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Co	ntributor address;	City;	State; Zip Code	
Principal occupation /	lob title (See Instructions)		Employer (See Instruct	ions)

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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.

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	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	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI/		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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	Zip Code	Amount of Contribution \$	In-kind contribution description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsicer (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
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 if contributor is out-of-state PAC, please see instructi	HIS SCHEDU on guide for	JLE AS NEEDED additional reporting	requirements.	

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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 this form.	1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount 9 In-kind contribution description
	l I. Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See	Instructions)
Date Full name of pledgor out-of-state PAC (ID#:)	Amount I In-kind contribution of Pledge \$ description
Pledgor address; City; State; Zip Code	l I
Principal occupation / Job title (See Instructions) Employer (See	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	msu ucuons)
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of In-kind contribution Pledge \$ description
Pledgor address; City; State; Zip Code	l
Principal occupation / Job title (See Instructions) Employer (See	·
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of In-kind contribution Pledge \$ description
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See	Check if travel outside of Texas. Complete Schedule T. Instructions)
- Thiopar decapation 7 deb title (dec mistideachts)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see Instruction guide for a	

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LOANS

SCHEDULE E

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

	•••		•		
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
☐ Y ☐ N			11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral		ds were deposited into political		
none		account (See Instruct			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable		,			
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If le	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/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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		V	
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 Aust	tin, 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 Aust	tin, 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	

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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)

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 By Candidate/Officeholder/Political		Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category)	not listed above)
	The Instruction Guide explains how to	o complete this form.		
Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Con	mmission Filers)
TOTAL OF UNITEM	IZED UNPAID INCURRED OBLIGATIO	NS	\$, , , , , , , , , , , , , , , , , , , ,
Date	6 Payee name	, , , , , , , , , , , , , , , , , , , ,		
Amount (\$)	8 Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-	Political		
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	tin, TX, officeholder living ex	pense
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
TYPE OF EXPENDITURE	Political Non-	Political		
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 living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	ı
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
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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 NAM	E	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;	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; Zìp Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political		Gift/Awards/Memorials Expense Legal Services	Printing Exp Salaries/Wa		Travel Out Of District Other (enter a category no	ot listed above)
		The Instruction Guide explain	s how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Com	mission Filers)
4 TOTAL OF UNITEMI	ZED EXF	PENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder living exp	pense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought	Office held	
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder living ex	pense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	ffice sought	Office held	
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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 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	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$) Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
intended 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	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
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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
Credit Card Payment

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above	3)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)
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 expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business 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	Business name			
Amount (\$)	Business 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	
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See ins	tructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See ins	structions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See ins	structions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See ins	structions regarding type of information
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INTEREST, CREDITS, GAINS, REFUNDS, AND **CONTRIBUTIONS RETURNED TO FILER**

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SCHEDULE K

The Instruction Guide explains how to complete this form.			dule K:	
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; Star	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	ite; 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	e; 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	ute; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	The Instru	ection 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 / Expend Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule B(J)	dule C2 Schedule D Schedule F1 dule H Schedule COH-UC Schedule B-SS	
6	Dates of travel	7 Name of person(s) traveling		
		8 Departure city or name of departure location		
		9 Destination city or name of destination location		
10	10 Means of transportation			
	Name of Contributor	Corporation or Labor Organization / Pledgor / Payee		
	Contribution / Expend Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule B(J)	dule C2 Schedule D Schedule F1 dule H Schedule COH-UC Schedule B-SS	
	Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location			
		Destination city or name of destination location		
	Means of transportat	on Purpose of travel (including name of cor	nference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
	Contribution / Expend			
	Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule Schedule F4 Schedule G Schedule		
	Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location			
	Destination city or name of destination location			
	Means of transportat	on Purpose of travel (including name of col	nference, seminar, or other event)	
		ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	
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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 market	ed "Final Report" ••		
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNATURE			
	I do not expect any further political contributions or political expenditures in connection designating a report as a final report terminates my campaign treasurer appointment. campaign contributions or make any campaign expenditures without a campaign treasurer.	I also understand that I may not accept any		
		Signature of Candidate / Officeholder		
	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.			
	A. CAMPAIGN FUNDS			
	Check only one:			
	I do not have unexpended contributions or unexpended interest or income e	parned from political contributions.		
	I have unexpended contributions or unexpended interest or income earned find may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political that I must dispose of unexpended interest or income earned on political contributions in accordance with the results.	t or income earned on political contributions to pended contributions and that I may not retain tical contributions longer than six years after led political contributions and unexpended		
	B. ASSETS			
	Check only one:			
	I do not retain assets purchased with political contributions or interest or oth	er income from political contributions.		
	I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	st or other income from political contributions to		
		Signature of Candidate		
5	OFFICEHOLDER •• Complete this section only if you are an officeholder ••			
	I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from populitical contributions or interest or other income from political contributions.	outions if, after filing the last required report as		
		Signature of Officeholder		

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