CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR) 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUEFIX FILED FOR RECORD) (Z 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE FEB 2 9 2024 **OFFICEHOLDER** MAILING **ASHLEY RODRIGUEZ ADDRESS** DAWSON COUNTY ELECTION ADMINISTRATOR Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) EXTENSION CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Runoff Other Year Description 13 OFFICE SOUGHT OFFICE HELD (if any) 12 OFFICE (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s \$1485
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	m. 1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description		
7 Contributor address; City; State;	Zip Code		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID# Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF	THIS SCHEDIII E AS NEEDED		
If contributor is out-of-state PAC, please see Instruc			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

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	7 Name of lender ut-of-state F	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 Coll	ateral	Check if personal fund account (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 Occupa	tion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
	Y N			Maturity date			
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
	Description of Coll	ateral		ds were deposited into political			
	попе	I	account (See Instruct				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	not applicable	Guarantor address; City;	State; Zip Code				
		ion (See Instructions)	Employer (See Instructions)				
	_	ATTACH ADDITIONAL COR	IES OF THIS SCHEDULE AS NES	inen			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Il Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:					
4 TOTAL OF UNITEM	/ IIZED UNPAID INCURRED OF	BLIGATIONS	\$		
5 Date	6 Payee name				
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 the top of the control of t		ustin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
		Office sought	Office held		
expenditure to benefit C/OF	1	Office sought City;	Office held State; Zip Code		
expenditure to benefit C/Oh	Payee name				
Date Amount (\$)	Payee name Payee address;	City;			
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	Payee name Payee address; Political	City; Non-Political of this schedule) Description			
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee name Payee address; Political Category (See Categories listed at the top of the company	City; Non-Political of this schedule) Description uplete Schedule T. Check if A	State; Zip Code		
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee address; Political Category (See Categories listed at the top of the company	City; Non-Political of this schedule) Description uplete Schedule T. Check if A	State; Zip Code Austin, TX, officeholder living expense		

SCHEDULE G

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

		EXPENDI	TURE CATE	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made if Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instructio	rials Expense	Office Over Polling Ex Printing E Salaries/V		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	this A	Crisp	J.		3 Filer ID (Ethics	Commission Filers)
2-29-24	5 Payee nar	na zon	Pas	ŧ			
Amount (\$) Relmbursement from political contributions intended	7 Payee add	dress;			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories liste	of at the top of this so	chedule)	(b) Description		
	(c) (c)	Check if travel outside o	Texas Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Sandid U	ate / Officeholde	er name) Jr	Office sought	Missoner	Office held PCT 3
2-29-24	Payee nar	ista pr	int				
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;			City;	State	Zip Code
PURPOSE OF EXPENDITURE	posto	(See Categories Islands)	Canpaig	ç~	Description	NAS	W00000
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candid	ate / Officehold		SP .	Office sought	PCT 3	Office held
J-29-24	Payee nar		railin	311	Packing		
Amount (\$)	Payee ad	dress;	_		City;	State;	Zip Code
Reimbursement from political contributions intended					Lamos	TZ	7933)
PURPOSE OF EXPENDITURE	Category	(See Categories liste			Description \$\frac{\pm}{248}\$		
	<u> </u>	Check if Iravel outside of		hedule T.		n, TX, officeholder living e	<u> </u>
Complete ONLY if direct expenditure to benefit C/OH	Candio	late / Officehold	er name	(Office sought	ner PC+	Office held

SCHEDULE G

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made (Candidate/Officeholder/Politic	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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 FICER NAME A CRISO	Sa	3 Filer ID (Ethics Commission Filers)
2-29-24	5 Payee name PUDD	Reporter	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		Lames	a T2 7933/
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	(b) Description	
	(c) Check if travel outside of Texas, Complete Scher	dule 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
2-29-24	PayAe name Higginbothan	Bartlett	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		Longs	a Tx 1933/
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	9
OF EXPENDITURE		W000	a signs
	Check if travel outside of Texas, Complete Sche	dule T. Check if Austra	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	DH	M	
2, 29-24	Payer name A Gis	p Ja Wi	Graphics
Amount (\$)	Payee address;	City;	State, Zip Code
Reimbursement from political contributions intended		Lance	Q TZ 79331
PURPOSE OF	Category (See Categories listed at the top of this sch	edule) Description	\$
EXPENDITURE	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	i, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee name			_
6 Amount (\$) Reimbursement from political contributions intended	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.		n, TX, officeholder living exp	
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	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/	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	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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 t	o complete this form.		
1 Total pages Schedule G:	2 FILER	NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee	name			
6 Amount (\$)	7 Payee	address;	City;	State;	Zip Code
Reimbursement from political contributions intended					
8 PURPOSE OF	(a) Categ	Ory (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c)	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xnense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Officeholder name	Office sought		Office held
Date	Payee	name			
Amount (\$)	Payee	address;	City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Categ	ory (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/		ndidate / Officeholder name	Office sought		Office held
Date	Payee	name			
Amount (\$)	Payee	address;	City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Categ	OFFY (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH		ndidate / Officeholder name	Office sought		Office held
	A ⁻	TTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe Salaries/Wag		Travel in District Travel Out Of District Other (enter a categor	
Credit Card Payment		The Instruction Guide explain	ns how to com	nplete this form.		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
1 Date	5 Payee na	me				
Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule) (t) Description		
EXPENDITURE	(c)	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living ex	kpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Of	fice sought		Office held
Date	Payee nai	me				
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 s	ichedule)	Description		
EXPENDITORE		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name	Of	fice 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	chedule)	Description		
		Check if travel outside of Texas, Complete Sci	hedule T.	Check if Austin	, TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Of	fice sought		Office held
expenditure to benefit C/OH	ATTA	CH ADDITIONAL COPIES O	F THIS SCH	EDULE AS NEED	DED.	

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract La	·	ct gory not listed above)
Total pages Schedule H	2 FILER N	The Instruction Guide explain AME	is now to complete this to		cs Commission Filers)
Date	5 Business	name			
Amount (\$)	7 Business	address;	Cit	ty; State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	(b) Description	on	
	(c)	Check if travel outside of Texas, Complete Sc	hedule T. Check	k if Austin, TX, officeholder living	expense
• Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	_	Office held
Date	Business	name			
Amount (\$)	Business	address;	Ci	ty; State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this se	chedule) Description	on	
		Check if travel outside of Texas, Complete Sci	neduleT. Check	k if Auslin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office sought		Office held
Date	Business	s name			
Amount (\$)	Business	address;	Ci	ty; State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this s	chedule) Descripti	on	
EXPENDITURE		Check if travel outside of Texas. Complete Sc	hedule T. Chec	k if Auslin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDULE A	AS NEEDED	

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

SCHEDULE K

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

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME		3 Filer ID (Ethic	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;	State; 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;	State; 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;	State; 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;	State; Zip Code	
		Purpose for which amount is received Check	r if political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE 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 "Fina	l Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
3	SIGNAT	'URE					
	I do not designat	expect any further political contributions or political expenditures in connection with mying a report as a final report terminates my campaign treasurer appointment. I also under the contributions or make any campaign expenditures without a campaign treasurer appointment.	nderstand that I may not accept any				
		Signatur	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are not an officeholder.	-				
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contribing this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended				
	B.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to				
		S	signature of Candidate				
5		HOLDER Dete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions.	after filing the last required report as				
		Si	gnature of Officeholder				