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 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME Date Received NICKNAME **SUFFIX** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER MAILING ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Half-Veli Sretor etallor marked OFFICEHOLDER **PHONE** Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged STATE; STREET ADDRESS (NO PO BOX PLEASE); CITY; ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Busines 11/10 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day General Special 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX & 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	*5,500,00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
Signature of Candidate or Office holder Please complete either option below: (1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed l	pefore me by this the _	, day of,				
20, to certify v	hich, witness my hand and seal of office.					
Signature of officer administer	ng oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaratio My name is	May Munday, and my date of birth is	The control of the co				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<u> </u>				
	The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor ☐ out-of-state	e PAC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	I otions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	: PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	· · · · · · · · · · · · · · · · · · ·			
		ATTACH ADDITIONAL COPIE		

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www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Co	nmmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	, de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	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 de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	•		
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)					
11	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction			requirements.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

The 2 FILER NAME	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ulo P:
2 FILER NAME			uie D.	
			3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
	l	tate; Zip Code		
				Side of Texas. Complete Schedule T
10 Principal occup	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	!	1	
	İ		Check if travel outs	I [. ilde of Texas. Complete Schedule T.
Principal occupa	nation / Job title (See Instructions)	Employer (See		
Date	Full name of pledgor		Amount of Pledge \$	I In-kind contribution description
	Pledgor address; City; Sta	tate; Zip Code		1 1
		!	Check if travel outsi	 - ide of Texas, Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	
Date	Full name of pledgor)	Amount of Pledge \$	I In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
		1	Check if travel outsi	 - ide of Texas. Complete Schedule T.
Principal occupa	ation / Job title (See Instructions)	Employer (See		
			NAME OF THE PROPERTY OF THE PR	

LOANS SCHEDULE E

ii the requested	inioimation is not applicable, bo no	molude this page in the re	port.				
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	NITEMIZED 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;	State; Zip Code	10 Interest rate				
ΥN			11 Maturity date				
12 Principal occupation	Don / Job title (See Instructions)						
14 Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)					
16 GUARANTOR INFORMATION	17 Name of guarantor	<u></u>	19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	<u>I</u>				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)				
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate				
Y N			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	ions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code					
not applicable							
Principal Occupatio	on (See Instructions)	Employer (See Instructions)					
If la	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						
11 10	Julia . Julia i Alo, picuso soe ilis	galao for additional fe	g requirements.				

Forms provided by Texas Ethics Commission

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N	-	-		er ID (Ethics	s Commission Filers)		
4 Date	5 Payee na	ame	1	<u> </u>				
6 Amount (\$)	7 Payee ac	ddress;	Cit		State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Categories listed at the top of this s	schedule) (b) Descri	ption				
	(c)	Check if travel outside of Texas, Complete Sc	chedule T. Ct	heck if Austin, TX, of	ficeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	Office s	sought		Office held		
Date	Payee na	ame				1 114		
Amount (\$)	Payee ad	idress;	City	у;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this sc	chedule) Descrip	ption				
		Check if travel outside of Texas. Complete Sch	hedule T. Ch	neck if Austin, TX, off	iceholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	Office se		·····	Office held		
Date	Payee na	ame				***************************************		
Amount (\$)	Payee ad	Idress;	City	y ;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this sch	hedule) Descrip	otion	Mariniya, a a ang marahada da			
		Check if travel outside of Texas, Complete Sch	nedule T. Che	eck if Austin, TX, offic	ceholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office s	sought		Office held		
William Market and the second	AT	TACH ADDITIONAL COPIES C	OF THIS SCHEDULE	AS NEEDED				

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
4 Date	5 Name of person from whom investment is purchased							
	6 Address of person from whom investment is purchased; Cit	ity; 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	ty; State; Zip Code						
	Description of investment							
	Amount of investment (\$)							
<u>'</u>								
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	erage Expense ds/Memorials Expense	Office C Polling I Printing	verhead Expense Expens		Travel In Dis Travel Out C	on Equipn strict Of District	g Expense nent & Related Expenso y not listed above)
The Instruction	Guide explains how to c	omplete this form.		USE	A NEW PAGE FOR	EACH CRED	IT CAR	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID	(Ethics	Commission Filers
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD	***************************************			\$		
5 CREDIT CARD ISSUER	Name of financial institu	tion				L	7,4,7,4,7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Da	ate(s) Credit Card Is	suer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	,	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sched	lule)	(b) D	escription			
Non-Political	(c) Check if travel ou	tside of Texas. Complete	Schedule T.		Check if Aus	tin, TX, officehol	lder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought					Of	fice Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Da	ite(s) Credit Card Iss	uer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	(City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description				escription			7. 1000
Non-Political	(c) Check if travel out	tside of Texas. Complete	Schedule T.		Check if Au	stin, TX, officeho	lder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sou	ght	Of	fice Held	ventament and v
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Da	te(s) Credit Card Iss	uer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	C	lity,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories li	sted at the top of this sched	ule)	(b) De	escription			
Political Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check if A	ustin, TX, officeh	older livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sou	ght	Off	fice Held	
	ATTACH ADDIT	TIONAL COPIES	OF THIS	SCHE	DULE AS NEE	DED		

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Candidate/Officeholder/Politic	Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contredit Card Payment		Office Overnead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Fransportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Clebit Cald r ayment		The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule G:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nar	ne		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	dress;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sche	dule) (b) Description	
	(c) (Check if travel outside of Texas. Complete Sched	fule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Office sought	Office held
Date	Payee nan	ne		
Amount (\$)	Payee add	lress;	City;	State; Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this scho	edule) Description	
		Check if travel outside of Texas. Complete Scheo	iule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Payee nam	ne	-	
Amount (\$)	Payee add	ress;	City;	State; Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the lop of this sche	dule) Description	
	c	heck if travel outside of Texas. Complete Sched	ule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEED	ED

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel In District Travel Out Of District Other (enter a category not listed above)			
oracid aymon		The Instruction Guide explain	ns how to	complete this form.				
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)		
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 so	chedule)	(b) Description				
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	kpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / 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 sci	.hedule)	Description				
	c	heck if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/O		te / 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 sci	hedule)	Description				
	c	heck if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	(Office sought	(Office held		
	ATTA	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to com	unlete this form	***************************************				
	The instruction during explains now to com-	piete una iorni.	T				
1 Total pages Schedule I:	2 FILER NAME	ļ	3 Filer ID	(Ethics Co	mmission Filers)		
4 Date	5 Payee name		1				
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 required.)	e instructions regar	ding 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 required.)	e instructions regar	ding 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 required.)	e instructions regard	ding type of	information		
Date	Payee name	A A A A A A A A A A A A A A A A A A A					
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of i	nformation		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

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; Stat			
	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	te; Zip Code		
	Purpose for which amount is received Check if p	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	e; Zip Code		
	Purpose for which amount is received Check if p	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 p	olitical contribution r	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

ii the requested information	mo not applicable, Bo NOT melace tins page	s in the report.			
The Instruction Gu	ide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure report	ted on:				
	schedule B	Schedule D Schedule F1			
	schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name	6 Dates of travel 7 Name of person(s) traveling				
8 Depa	8 Departure city or name of departure location				
9 Desti	9 Destination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference,	comingr or other event\			
10 Modified Manageriation	Ti Pulpose of travel (illolading frame of comorcinos,	seminar, or other eventy			
Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee				
Contribution / Expenditure repor	ted on:				
Schedule A2 S	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	Scriedle 1				
Dates of travel Name	Dates of travel Name of person(s) traveling				
Depa	Departure city or name of departure location				
Destir	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation	on or Labor Organization / Pledgor / Payee				
Contribution / Expenditure repor	ed on:				
Schedule A2 Sche	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	edule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name	Dates of travel Name of person(s) traveling				
Depar	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportation	Purpose of travel (including name of conference,	Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



VEEIDVAIL EUD

	CANDIDATE OR OFFI ELECTRONIC FILING	CEHOLDER:		
32,810 in politioal	An exemption affidavit must be subminary 1, 2024, a candidate or officeholder w. contributions or made more than \$32,81	ho has accepted more than to in political expenditures	n Date Hand-delive	ered or Date Postmarked Amount\$
	ar must file all subsequent reports electroi		Date Processed	
Filer name	Filer ID :	¥	Date Imaged	
. I swear or affi more than \$32	rm that I have not accepted more tha 2,810 in political expenditures in a ca	an \$32,810 in political c alendar year.	ontributions or	r made

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit								
NOTARY STAMP/SEAL			***************************************		Signature of Filer			
Sworn to and subscribed be	efore me by	W. W		th	is the	day of		
20, to certify when	hich, witness my hand ar	nd seal of office.						
Signature of officer administeri	ng oath	Printed name of o	officer administe	ering oath		Title of office	r administering oat	
			OR					
(2) Unsworn Declaration	1							
My name is			, an	d my date of t	oirth is			
My address is								
	(street)			(city)		(zip code)	(country)	
Executed in	County, State o	of	, on the	day of _	(month)	, 20 (year)	•	
					, ,			
				Si	gnature of Fil	er (Declarant)		

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received