CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M	Michael		OFFICE USE ONLY
	NICKNAME	Hinter		Date Filed 3/15/2624
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CCTX78417	Riturta
Change of Address				Rebecca Huerta
5 CANDIDATE/ OFFICEHOLDER PHONE	361)5	PHONE NUMBER	EXTENSION	Date Gityeli Seor eterpymarked
6 CAMPAIGN TREASURER NAME	(MS/MRS/MR Michae	J FIRST Hum	ater MI	Receipt # Amount \$ Date Processed
	MICKNAME) rev	ions) - Pag	suffix 88ed away	Date Imaged
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SI	SUITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	7201	Pharach D	r CC TX 784	12
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
0011(22	1	/1/23	THROUGH 6	130/23
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11/8/	General	Special	
12 OFFICE	OFFICE HELD (if any)	uncil Atde	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
-		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	5 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN)	\$
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	Ψ
	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 LAST OF REPORTING PERIOD	DAY \$ 5,500,00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
l ,	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
, rec	quired to be reported by me under Title 15, Election Code.	
	//lin/	1 the
	Signature of Cand	idate or Officeholder
	ι	
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on /	0/1/01
My name is	Marl Hunter , and my date of birth is	1/4/8/
My address is	1 Pharach Dr CC TX	1. 78412. USA.
L Nina	(street) (city) (state	te) (zip code) (country)
Executed in // //	County, State of, on the day of	(year)
	Signature of Candidate	e Officeholder (Declarant)
		, , ,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	mmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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 COI	NTRIBUTIONS	\$
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 FUN	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	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 ut-of-state 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	tions)			
[Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
F	rincipal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
I	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
F	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
Ι	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
F	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
		ATTACH ADDITIONAL COPIES O					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

·			
The Instruction Guide explains how to complete this for	m.	1 Total pages Schedu	ıle A2:
2 FILER NAME		3 Filer ID (Ethics Con	mmission 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 Contribution \$	9 In-kind contribution description
7 Contributor address; City; State;	Zip Code	Check if travel outsing	 de of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State;	Zip Code	 	 de of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	\L)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	ıtor'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 1 If contributor is out-of-state PAC, please see Instruct			y requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

•		-	
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule B:
2 FILER NAME	E	3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor ut-of-state PAC (ID#:) 8 Amount of Pledge \$	9. In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outs	l. ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions) 11 Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outsi	│. ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outsi	 de of Texas, Complete Schedule T.
Principal occu	upation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)	
lf	ATTACH ADDITIONAL COPIES OF THIS SCHEI contributor is out-of-state PAC, please see Instruction guide for		requirements.

LOANS SCHEDULE E

	If the requested	information is not applicable, DO NO	T include this page in the re	port.
	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	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender ut-of-state f	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
	Y N			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	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			B100000
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	iteral	Check if personal fund	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 COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

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	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.					
4		•				
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 Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

ii tile requested iiiloi	if the requested information is not applicable, bo Nor include this page in the report.							
		EXPENDITURE (CATEGORI	S FOR	BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide	Offic Polli ense Print Sala	e Overheading Expensions ing Expensions ries/Wages	se s/Contract Labor	Transpo Travel I Travel (In District Out Of District	g Expense ent & Related Expense rnot listed above)
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer	ID (Ethics Co	ommission Filers)
i total pagos donodalo . z.	_						,	,
4 TOTAL OF UNITER	NIZED UN	NPAID INCURRED	OBLIGAT	ONS		\$		
5 Date	6 Payee	name				•		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political	No	n-Politica				
10	(a) Catego	ry (See Categories listed at the	top of this schedu	le) (b) Description			
PURPOSE								
OF EXPENDITURE								
EXPENDITURE	(c)	Check if travel outside of Texas. C	omnlete Schedule	 т	Check if Au	etin TY offic	ceholder living e	vnense
44	L				L			
11 Complete ONLY if direct expenditure to benefit C/OI		ndidate / Officeholder na	ıme	Office	sought		Office hel	d
Date	Payee	name						
Date								
Amount (\$)	Pavee	address;			City;		State;	Zip Code
, (4)	, 2,00				- 2,		•	
TYPE OF EXPENDITURE		Political	No	n-Politica	1			
	Catego	ry (See Categories listed at the	top of this schedu	le)	Description			
PURPOSE								
OF EXPENDITURE								
		Check if travel outside of Texas.	Complete Schedul	• T.	Check if A	ustin, TX, off	iceholder living	expense
Complete ONLY if direct	Car	ndidate / Officeholder na	ıme	Office	sought		Office hel	d
expenditure to benefit C/O	1				J			
		•						
	ΑΤΤΔ	CH ADDITIONAL COF	PIES OF TH	IS SCHI	EDULE AS NE	EDED		

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 I	D (Ethics Commiss	ion Filers)
4 Date	5 Name of person from whom investment is purchased			- training to the second secon
	6 Address of person from whom investment is purchased; Cit	y;	State;	Zip Code
	7 Description of investment	.,		
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased		Addisorder 1994	
	Address of person from whom investment is purchased; City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State;	Zip Code
	Description of investment	AND THE RESERVE OF THE PARTY OF		
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution **5 CREDIT CARD ISSUER** (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **6 PAYMENT** 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE Political** Check if Austin, TX, officeholder living expense Non-Political Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (a) Amount Charged PAYMENT PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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
Others (or the second of the second of

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		g Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	1	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
political contributions intended		(h) Description	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(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 (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Charliffer al autaida of Tayaa Complete Schedule T	Chack if Austin	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	E D

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 Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services	Polling E: Printing E Salaries		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		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 Sci	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY 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 so	chedule)	Description			
		heck if travel outside of Texas, Complete Sch	nedule T.	Check if Austin	, TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Officeholder name		Office sought	C	Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF	Category	(See Categories listed at the top of this so	chedule)	Description	×		
EXPENDITURE	c	heck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	, TX, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name		Office sought	C	Office held	
	ATTA	ACH ADDITIONAL COPIES C	OF THIS S	SCHEDULE AS NEE	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics 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 required.)	e instructions regarding type of information	
Date	Payee name			
Amount (\$)	Payee address;	City	State Zlp Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions 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 required.)	e instructions 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 required.)	e instructions regarding type of information	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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; State	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	ute; 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	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; 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				

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

SCHEDULE T

ii iiio roquootoa iiiioriiiatiori	to flot applicable) = 0 flot melade tille pa	30 v . op o			
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	n or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reporte	od on:				
		ļ			
Schedule A2 Sc	nedule B Schedule B(J) Schedule C	Schedule D Schedule F1			
Schedule F2 Sc	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name	Dates of travel 7 Name of person(s) traveling				
8 Depart	8 Departure city or name of departure location				
9 Destina	9 Destination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference	ce, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reporte	ed on:				
					
	nedule B	2 Schedule D Schedule F1			
	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name	Dates of travel Name of person(s) traveling				
Depart	Departure city or name of departure location				
Destina	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 or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reporte	ed on:				
Schedule A2 Sched		Schedule D Schedule F1			
	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Depart	Departure city or name of departure location				
Destina	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of confe		ce, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



VEELD VALLE COD

	CANDIDAT	E OR OFFICEHOLDER		
	An exemption affida	vit must be submitted with each pap	per report. Date Hand-delivered or D	ate Postmarked
Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.				ount\$
			Date Processed	
Filer name		Filer ID #	Date Imaged	
1. I swear or affirm more than \$32,8	hat I have not acc	cepted more than \$32,810 in p inditures in a calendar year.	olitical contributions or mad	e
I further swear or contributions, pol	affirm that I do no itical expenditures	ot use computer equipment to s, or persons making political o	keep current records of policontributions to me.	ical
3 I further ewear or	affirm that no nor	son acting as my agent or con	cultant, and no parean with	whom I

- 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 Sworn to and subscribed before me by			Signature of Filer			
			this the		day of	
Signature of officer administering oath	Printed nam	e of officer administe	ering oath		Title of officer	administering oatl
		OR				
(2) Unsworn Declaration						
My name is		, an	d my date of b	oirth is		
My address is	(street)		(city)	' <u>(state)</u> '	(zip code) '	(country)
Executed in Count	y, State of	, on the	day of	(month)	, 20 (year)	
			Sig	gnature of Fi	ler (Declarant)	

OFFICE USE ONLY

Date Received