CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ett	hics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #; (CITY; STA	TE; ZIP CODE		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ		Amount \$
NAME					Date Processed	
	NICKNAME	LAST		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
(Nesidence of Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE	()					
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	/		THROUGH	ı ,		
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 / 02 /	✓ 2026	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE. S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M.	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS		
	•	GO TO	PAGE 2			
						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 File	er ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC		THAN	\$	
	2.	TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LO	ANS)	\$	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	
	4.	TOTAL POLITICAL EXPEND	DITURES		\$	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBU	TIONS MAINTAINED AS OF TH	E LAST DAY	\$	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS /	AS OF THE	\$	
		affirm, under penalty of perjury, e e reported by me under Title 15, I		s true and c	orrect and inclu	ides all information
			X			
			Signature of	of Candidate	or Officeholde	er
		Please comp	olete either option be	low:		
(A) A ££: -1: 4						
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before m	e by	this	the	_ _{day of} _Jar	nuary
		ness my hand and seal of office.				
		Maria Flores	;		CAO Se	ecretary
Signature of officer administe	ering oath	Printed name of of	icer administering oath		Title of officer	administering oath
			OR			
(2) Unsworn Declaration	on					
My name is			, and my date of bi	rth is		·
My address is				_,,	,	·
		(street)			(zip code)	
Executed in		County, State of	, on the day of (r	month)	, 20 (year)	
			Signature of C	andidate/Offi	iceholder (Decla	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	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 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	IDS	\$
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

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 A1:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)							
6 Contributor address; City; State; Zip Code								
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)							
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)							
Contributor address; City; State; Zip Code								
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)							
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)							
Contributor address; City; State; Zip Code								
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)							
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)							
Contributor address; City; State; Zip Code								
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)							
ATTACH ADDITIONAL CODICS OF THIS SCHEDULE AS NEEDED								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Emplo	yer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contri	butor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fi	rm 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		Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contri	butor'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 1	THIS SCHEE	DULE AS NEEDED		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

					1 Total pages Sched	ule R·
	The	Instruction Guide explain	s how to complete thi	s form.	i Total pages Scried	uie D.
2	FILER NAME		3 Filer ID (Ethics C	ommission Filers)		
4	TOTAL OF	UNITEMIZED PLED	\$			
5	5 Date 6 Full name of pledgor out-of-state PAC (ID#:				8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; S	tate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T		
10	Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
I	Date	Full name of pledgor	out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
			City; S			
					Check if travel outs	l . ide of Texas. Complete Schedule T.
F	Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; S	tate; Zip Code		
					Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occu _l	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
ļ	Date	Full name of pledgor	out-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Stat	e; Zip Code		
				5 1 (0		I ide of Texas. Complete Schedule T
F	Principal occup	eation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
				1		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

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

	ii the requested	information is not applicable, DO NO	i include this page in the re	port.		
	The	Instruction Guide explains how to comple	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		
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 (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (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 occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable		<u> </u>			
	Principal Occupation	on (See Instructions)	Employer (See Instructions)			
		ATTACH ADDITIONAL CODE	ES OF THIS SCHEDIII E AS NEE	-DED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Other (enter a category not listed above)

2 FILER NAME		A
		3 Filer ID (Ethics Commission Filers)
5 Payee name		<u> </u>
7 Payee address;	City;	State; Zip Code
(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	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
-	(a) Category (See Categories listed at the top of this schedule) (b) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	(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 Candidate / Officeholder name Office sought Payee name Payee address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust Candidate / Officeholder name Office sought Payee name Payee address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust

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
Contributions/Donations Made By

Event Expense 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/Politica	The Instruction Guide explains ho	w to complete this form.	Other (enter a category n	ot listed above)
1	Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Con	nmission Filers)
4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGAT	TIONS	\$	
5	Date	6 Payee name			
7	Amount (\$)	8 Payee address;	City;	State;	Zip Code
9	TYPE OF EXPENDITURE	Political No	on-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description		
		(C) Check if travel outside of Texas. Complete Schedule	e T. Check if Au	stin, TX, officeholder living exp	ense
	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 N	lon-Political		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	lule) Description		
		Check if travel outside of Texas. Complete Schedu	ule T. Check if A	austin, 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 TH	HIS SCHEDULE AS NE	EEDED	

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	y; 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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By		erage Expense s/Memorials Expense rices	Polling E Printing I Salaries/			Travel In District Travel Out Of District Other (enter a categor	y not listed above)
The Instruction	Guide explains h	ow to co	mplete this form.		USE A NEV	N PAGE FOR E	ACH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME						3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARG	SED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financia	al institut	ion					
6 PAYMENT	(a) Amount Charg	ed	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	er Paid	
7 PAYEE	(a) Payee name			(b) Payee ad	ldress;	Cit	y, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			ule)	(b) Descrip	tion		
Non-Political	(c) Check if	travel out	side of Texas. Complete	Schedule T.		Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
PAYMENT	(a) Amount Charg	ed	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	er Paid	
	\$							
PAYEE	(a) Payee name			(b) Payee add	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See C	Categories lis	sted at the top of this sched	ule)	(b) Descrip	tion		
Political Non-Political	(c) Check if	travel out	side of Texas. Complete	Schedule T.		Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charg	ed	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	er Paid	
	\$							
PAYEE	(a) Payee name			(b) Payee ad	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See C	Categories lis	sted at the top of this sched	ule)	(b) Descrip	tion		
Non-Political	(c) Check if	travel out	side of Texas. Complete	Schedule T.		Check if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
	ATTACH	I ADDIT	TIONAL COPIES	OF THIS	SCHEDU	LE AS NEED)ED	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District

Travel Out Of District
Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Credit Card Payment	dei/F Oillicai C	Ü	ne Instruction Guide		complete this form.	Other (enter a catego	ry not listed above)	
1 Total pages Scheo	dule G: 2	FILER NAME				3 Filer ID (Ethics	Commission Filers)	
4 Date	5	Payee name				ı		
6 Amount (\$) Reimbursemen political contrib	nt from	Payee address	;;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a		Categories listed at the top		(b) Description Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if dir expenditure to benefi	rect	· —	Officeholder name	-	Office sought	, , , , , , , , , , , , , , , , , , , ,	Office held	
Date		Payee name						
Amount (\$)		Payee address	;		City;	State;	Zip Code	
Reimbursemen political contrib intended								
PURPOSE OF EXPENDITURE		Category (See	Categories listed at the to	p of this schedule)	Description			
EXI ENDITORE	·	Check	if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	n, TX, officeholder living e	expense	
Complete <u>ONLY</u> if expenditure to ber		Candidate /	Officeholder name		Office sought		Office held	
Date		Payee name						
Amount (\$)		Payee address	;;		City;	State;	Zip Code	
Reimbursemen political contrib intended								
PURPOSE OF EXPENDITURE	:	Category (See	Categories listed at the top	o of this schedule)	Description			
		Check	f travel outside of Texas. Cor	mplete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense	
Complete ONLY if dir expenditure to benefi		Candidate /	Officeholder name		Office sought		Office held	
		ATTACH	ADDITIONAL COF	PIES OF THIS S	SCHEDULE 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
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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
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	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	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/C	Candidate / Officeholder name H	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	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Co	mmission Filers)
4 Date	5 Payee name		I		
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 (Secretary (Secretary)	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 (Secrequired.)	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 (Secrequired.)	e instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	S 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 Schedule K:
2 FILER NAME	3 Filer ID (Ethics 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; S	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; S	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; S	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; S	State; Zip Code
Purpose for which amount is received Check	if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED

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

SCHEDULE T

•	11 /		<u>'</u>	
The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:				
FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reporte	d on:			
Schedule A2 Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2 Sch	nedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel 7 Name of	7 Name of person(s) traveling			
8 Departu	ure city or name of departure locati	ion		
9 Destina	9 Destination city or name of destination location			
10 Means of transportation	11 Purpose of travel (including r	name of conference, se	eminar, or other event)	
Name of Contributor / Corporation	or Labor Organization / Pledgor /	Payee		
Contribution / Expenditure reporte	d on:			
Schedule A2 Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS			
Dates of travel Name of	of person(s) traveling			
Departi	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)			eminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporte	d on:			
Schedule A2 Sched	ule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2 Sched	ule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of	of person(s) traveling			
Departu	Departure city or name of departure location			
Destina	tion city or name of destination loc	cation		
Means of transportation	Purpose of travel (including r	name of conference, se	eminar, or other event)	
A	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 "Final Report" ••			
		Complete only if Report Type on page 1 is marked. Find	in Report	
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)	
3	SIGNA	TURE		
	I do not designa	expect any further political contributions or political expenditures in connection with material are report as a final report terminates my campaign treasurer appointment. I also use the contributions or make any campaign expenditures without a campaign treasurer appointment.	nderstand that I may not accept any	
		9		
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS		
	Chec	k only one:		
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.	
		I have unexpended contributions or unexpended interest or income earned from polit may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions 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 all contributions and unexpended	
	B.	ASSETS		
	Chec	k only one:		
		I do not retain assets purchased with political contributions or interest or other income	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.	r income from political contributions to	
		S	ignature of Candidate	
5		EHOLDER uplete 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 d file. 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 conpolitical contributions or interest or other income from political contributions.	after filing the last required report as	
		Sig	gnature of Officeholder	



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Filer name	Filer ID #

OFFICE USE ONLY				
Date Received				
Date Hand-delivered or Date Postmarked				
Receipt #	Amount \$			
Date Processed				
Date Imaged				

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 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 \$33,910 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 Signature of Filer NOTARY STAMP/SEAL Sworn to and subscribed before me by ____ this the _____ day of ____ ___, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is ______, and my date of birth is _____ My address is _____ (city) Executed in _____ County, State of _____ , on the ____ day of _ (month) Signature of Filer (Declarant)

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