# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

3990 A M. JAWA GO S 1345 BAY	Gen (a) (b) (3700-1600-1600-1600-1600-1600-1600-1600-1		
The C/OH Instruction G	uide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Tole re	2	DECEIVEN
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	OCT 0 5 2020
MAILING ADDRESS	Redacted		By 16-
Change of Address	Superior Control Contr		
5 CANDIDATE/ OFFICEHOLDER PHONE	Redacted PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME /LAST	SUFFIX	Date Processed
	Ro In.x	er	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); AI	PT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	Redacted		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8 CAMPAIGN TREASURER PHONE	Redacted PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day bo	efore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before	ore election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	7/16/20	THROUGH / D/	4/20
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month bay real	Runoff Other Description	
	11/3/20 19	eneral Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
		flase	工
	GO	TO PAGE 2	



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> F	iler ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
	COMMITTEE TYPE	COMMITTEE NAME				
□ GENERAL N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	SPECIFIC	COMMITTEE ADDRESS				
		715	Å.			
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	ρ			
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 6			
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$			
EXPENDITURE TOTALS	10 10 10 10 10 10 10 10 10 10 10 10 10 1	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$			
	4. TOTAL	. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code						
		Signature of Candida	te or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE		20			
Sworn to and subsc	· No		, this the			
day of October	R, 20 00,	to certify which, witness my hand and seal of office.	g			
Betty	Betty Falcon Betty Falcon Notary Public					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

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

### SCHEDULE T

The Instruction Gui	de explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on:						
	hedule B Schedule B(J) Schedule	C2 Schedule D Schedule F1				
Schedule F2 Schedule F2	hedule 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 Depar	ture city or name of departure location					
9 Destin	ation city or name of destination location					
10 Means of transportation	11 Purpose of travel (including name of confere	nce, seminar, or other event)				
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee					
Contribution / Expenditure report	ed on:					
Schedule A2 Schedule A2	hedule B Schedule B(J) Schedule	C2 Schedule D Schedule F1				
Schedule F2 Schedule F2	hedule F4 Schedule G Schedule					
Dates of travel Name	of person(s) traveling					
Depar	ture city or name of departure location					
Destir	ation city or name of destination location					
Means of transportation	Purpose of travel (including name of confere	ence, seminar, or other event)				
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee					
Contribution / Expenditure report	ed on:					
Schedule A2 Sche	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Sche						
Dates of travel Name	Dates of travel Name of person(s) traveling					
Departure city or name of departure location						
Destir	Destination city or name of destination location					
Means of transportation	Purpose of travel (including name of confere	ence, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
ATTACTA DE MOTAL DOTTES OF THIS CONTED LE ACTUELLE LE						

## 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	NA.	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; Stat	de; Zip Code
	7 Purpose for which amount is received	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; Oity; Sta	ite; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code
	Purpose for which amount is received	political contribution returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	Amount (\$)
	Purpose for which amount is received Check if	political contribution returned to filer
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

	The Instruction Guide explains how to comp	olete this form.			
1 Total pages Schedule I:	2 FILER NAME  PA		3 Filer ID	(Ethics Co	ommission 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.)	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	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.)	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.)	instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED		

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

#### SCHEDULE H

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

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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **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 Cald 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 (\$)  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)  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  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	1//	
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  OH	Office sought	TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
	The instruction Guide explain	ns now to complete this form.	/
1 Total pages Schedule F4:	2 FILER NAME	,	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political [	Non-Political	
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
PURPOSE OF			
EXPENDITURE	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if A	austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	$\sqrt{\lambda^{V}}$		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political [	Non-Political	
	Category (See Categories listed at the top of th	is schedule) Description	
PURPOSE OF	/ Catagory (and catagorium and an and an		
EXPENDITURE	Check if travel outside of Texas. Complete	te 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 SCHEDULE AS N	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	NA	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	y; State; Zip Code		
		Description of investment			
		Amount of investment (\$)			
			7-5		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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)		
	The Instruction Guide expl	lains how to complete this form.			
1 Total pages Schedule F2:	2 FILER NAME	X	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OB	LIGATIONS	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of	(b) Description			
PURPOSE OF EXPENDITURE		A			
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Au	stin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
Category (See Categories listed at the top of this schedule)  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 COPIE	S OF THIS SCHEDULE AS N	EEDED		
	ENTER SERVICE CONTRACTOR CONTRACT	physical and the property of the control of the con	Pavisad 9/26/20		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense titing Expense aries/Wages/Contract Labor w 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 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)		
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 schedu	le) Description	_
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder living expense
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 schedul	le) Description	
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor not listed above) Other (enter a category Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; 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 Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount 9 In-kind contribution of Pledge \$ description State; Zip Code 7 Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_ of Pledge \$ description Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of out-of-state PAC (ID#: In-kind contribution Full name of pledgor Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Full name of pledgør Amount of out-of-state PAC (ID#: description Pledge \$ State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) 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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME	~   0	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor  uut-of-state PAC (ID#:			8 Amount of 9 In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	Zip Code	Amount of In-kind contribution Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCUEN	UI E AS NEEDED	
			r additional reporting requirements	

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

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The	1 Total pages Schedule A1:				
2	FILER NAME	~ ()	4		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
		6 Contributor address;	City;	State; Zip Code	6	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code	6	
	Principal occup	ation / Job title (See Instructions)	1	Employer (See Instruct	ions)	
	Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code	6	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)	
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code	4	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					ons)	
			,			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME  20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s &
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 00
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 Ø
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	\$