CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER**) of the NAME Date Received NICKNAME Hernandez 4 CANDIDATE/ ADDRESS / PO BOX; ZIP CODE SEP 0 5 2024 OFFICEHOLDER .043 Santa Rosa MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount \$ Receipt # 6 CAMPAIGN TREASURER Date Processed NAME . . NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year 10 PERIOD COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Dav Year Description Special General 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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 TH. PLEDGES, LOANS, OR GUARANTEES OF,LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTÉES OF LOAN	s) \$ 83.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$ 7,871.99
1 '	swear, or affirm, under penalty of perjury, that the accompanying report is	true and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	$\sim 10^{-1}$	Hade!
	Signature of	Candidate or Officeholder
	oignature of	Sandrate of Officeroliger
	Diagon complete statements of the	
†	Please complete either option belo	ow:
(1) Affidavit	CAMEREN DORSEY NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/08/26 NOTARY ID. 13384985-2	
NOTABY STAMP (SE		
NOTARY STAMP/SEA		The land of
1	this t	ing 5 day of September,
	y which, witness my hand and seal of office.	
Comeren DORS		•
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
100 A 200 A	OR	College Service Constitution (Co.)
(2) Unsworn Declarat	tion	
My name is	, and my date of birtl	h ie
i		
iviy address is	(street) (city)	(state) (zip code) (country)
Executed in	• • •	
	County, State of , on the day of (m	onth) (year)
	Signature of Ca	ndidate/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
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 83.01
2.	SCHEDULE A2: NON-MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	Ay real Line Age	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$2,80017
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 FU	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	TONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

2 FILER NA 4 Date	5 Full name of contributor out-of-state PAC (II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	
12/13	6 Contributor address; City;	State; Zip Code 7 Amount of contribution (\$) 83.01
8 Principal	occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (I Contributor address; City;	Amount of contribution (\$) State; Zip Code
Principal o	accupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (i Contributor address; City;	Amount of contribution (\$) State; Zip Code
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)
Date		Amount of contribution (\$) State; Zip Code
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)
	ATTACH ADDITIONAL COPIES O	F 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

it the reque	ested information is not applicable, DO NOT includ	e uns pa	ge in the report.				
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:				
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$ \$				
5 Date	6 Full name of contributor		2 Amount of 9 In-kind contribution Contribution 9 description				
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas, Complete Schedule T.				
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Empl	oyer (FOR NON-JUDICIAL) (See Instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Cont	ributor's job title (FOR JUDICIAL)(See Instructions)				
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law	firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description Contribution \$ In-kind contribution In-kind				
Principal occ	Dupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emp	Employer (FOR NON-JUDICIAL) (See Instructions)				
Contributor's	s principal occupation (FOR JUDICIAL)	Cont	ributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	
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; Sta		·	
					Check if travel outs	1. side of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	Instructions)			
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	ate; Zip Code		i I I
					Check if travel outs	1. side of Texas. Complete Schedule T.
	Principal occup	Dation / Job title (See Instruc	etions)	Employer (See	Instructions)	<u> </u>
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		;
_					<u> </u>	side of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	; Zip Code		
_					<u> </u>	side of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
		ATTACH	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender out-of-state PAC (ID#:_ Loan Amount (\$) 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor **16** GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Interest rate City; Is lender Lender address; State; Zip Code a financial Institution? Maturity date

Description of Colle	ateral			if personal funds nt (See Instructio	were deposited into political ns)
none					
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
		• • • • • • • • • • • • • • • • • •			
	Guarantor address;	City;	State;	Zip Code	
not applicable		1177.00			
Principal Occupation	on (See Instructions)		Employer (See	Instructions)	
	,		-		

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Principal occupation / Job title (See Instructions)

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By		emorials Expense	Polling Expense Travel In District Printing Expense Travel Out Of District			
Candidate/Officeholder/Political Credit Card Payment		tion Guide explair		ages/Contract Labor	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:		Alon Galac Capital		mpiete till form.	3 Filer ID (Ethics	Commission Filers)
, , , , , , , , , , , , , , , , , , ,					(,
4 Date	5 Payee name					
11/09	My sson b	Hitaro				
S Amount (\$)	7 Payee address;			City;	State;	Zip Code
171						
8	(a) Category (See Categorie	s listed at the top of this	schedule)	(b) Description		
PURPOSE OF		ł				
EXPENDITURE	contract le	ADOC				
	(c) Check if travel out	side of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeho	older name		. Office sought		Office held
Date	Payee name					
	Maria E	Jarza				
Amount (\$)	Payee address;	•		City;	State;	Zip Code
124						
	Category (See Categories	s listed at the top of this	schedule)	Description		
PURPOSE OF						
EXPENDITURE	contract l	alow				
	Check if travel ou	tside of Texas. Complete 8	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeho	older name		Office sought	2	Office held
Date	Payee name					
	Valdema	r Ocan	as			
Amount (\$)	Payee address;			City;	State;	Zip Code
810						
•	Category (See Categorie	s listed at the top of this	schedule)	Description		
PURPOSE OF		1				
EXPENDITURE	Contract 1	abol				
	Check if travel ou	tside of Texas. Complete 8	Schedule T.	Check if Aust	iin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeh	older name		Office sought	***************************************	Office held
	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimburseme Fees Office Overthead/Rental Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Print	ting Expense rries/Wages/Contract Labor	Travel Out Of District Cither (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	v to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
Amount (\$)	7 Payee address;	City;	State; Zip Code		
104.46					
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description			
PURPOSE OF EXPENDITURE	Food				
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Aust	in, 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				
11107	Shell Service	-			
Amount (\$)	Payee address;	City;	State; Zip Code		
19.42		,			
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	Food				
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10130	Victor Diaz		•		
Amount (\$)	Payee address;	City;	State; Zip Code		
1,000					
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	contract labor				
	Check if travel outside of Texas, Complete Schedul	eT. Check if Aust	in, 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 NE	EDED		

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 B Candidate/Officeholder/Politica		Office C Expense Polling I morials Expense Printing	epayment/Reimbursement werhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruct	tion Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name	<u></u>		<u> </u>	
10111	D100				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
			1005		
8	(a) Category (See Categories	s listed at the top of this schedule)	(b) Description		
PURPOSE OF					
EXPENDITURE	Accounting	Banting	Fee		
	(c) Check if travel outs	ide of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officehol	der name	Office sought		Office held
Date	Payee name				
1106	Whatab	vger			
Amount (\$)	Payee address;		City;	State;	Zip Code
25.31					
	Category (See Categories	listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food				
	Check if travel outs	side of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehol	lder name	Office sought		Office held
Date	Payee name				
11/106	McDone	ilds			
Amount (\$)	Payee address;		City;	State;	Zip Code
2.05					
	Category (See Categories	listed at the top of this schedule)	Description		
PURPOSE					
OF EXPENDITURE	Food				
	Check if travel outs	side of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	older name	Office sought	And the State of t	Office held
	ATTACH ADDIT	TIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED	

Advertising Expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulfing Expense Contributions/DonationsMade By Candidate/Officeholder/Politica	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repaymenl/Reimbursement office Overhead/Rental Expense offing Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	low to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Unick IIA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
11/01	Victor Diaz		
Amount (\$)	Payee address;	City;	State; Zip Code
100			
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Coutract labor		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/09	The Mendoza		
Amount (\$)	Payee address;	City;	State; Zip Code
251			
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	contract balon		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E			
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	The state of the s	3 Filer ID (Ethics	S Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
84.93				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office held		
Date	Payee name			
11/07	Starbucks			
Amount (\$)	Payee address;	City;	State;	Zip Code
22.33				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11107	Chick Fil A			
Amount (\$)	Payee address;	City;	State;	Zip Code
49.07				
DUDDS = -	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food		· · · · · · · · · · · · · · · · · · ·	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		L	
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 Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	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 Aust	tin, TX, officeholder livin	g expense
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
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 Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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)

Accounti Consultir Contribu	Ing Expense ing/Banking ng Expense tions/Donations Made By late/Officeholder/Political	Gift/Awar	· verage Expense rds/Memorials Expense	Office Overl Polling Exp Printing Exp		Travel In District Travel Out Of Distri	oment & Related Expense
		The In	struction Guide expl	ains how to co	mplete this form.		
1 Total	pages Schedule F2:	2 FILER NAME				3 Filer ID (Ethics	Commission Filers)
4 TOT	AL OF UNITEM	IIZED UNPAID I	NCURRED OB	LIGATIONS	6	\$	***************************************
5 Date		6 Payee name					
7 Amou	unt (\$)	8 Payee address;	;		City;	State;	Zip Code
	YPE OF ENDITURE	Political	j.	Non-Poli	itical		
10		(a) Category (See Ca	tegories listed at the top of	this schedule)	(b) Description		
	URPOSE OF Enditure	i					
		(c) Check if tra	avel outside of Texas. Comple	te Schedule T.	Check if Aus	stin, TX, officeholder fivir	g expense
	olete <u>ONLY</u> if direct aditure to benefit C/Oh	Candidate /	Officeholder name	0	ffice sought	Office	held
Date		Payee name					
Amou	unt (\$)	Payee address	;;		City;	State;	Zip Code
	YPE OF ENDITURE	Political		Non-Po	litical		
	URPOSE OF ENDITURE	Category (See Ca	ategories listed at the top of	this schedule)	Description		
		Checkift	travel outside of Texas. Comp	lete Schedule T.	Check if A	ustin, TX, officeholder liv	ing expense
	olete <u>ONLY</u> if direct aditure to benefit C/O		Officeholder name	0	ffice sought	Office	held .
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				ico ototo be un			D

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	e Instruction Guide explains how to complete this form.	1 Tota	nl pages Sc	chedule F3:	
2 FILER NAME	,	3 Filer	r ID (Ethics	s Commission	n Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; City	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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Office Overt Polling Expe Printing Exp		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
		The Instruction Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	ec.ir.	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	istin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office he	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	y (See Categories listed at the top of the	nis schedule)	Description		
		Check if travel outside of Texas. Comple	te Schedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate / Officeholder name	O	ffice sought	Office he	əld
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Event Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Frinting Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this for		rhead/Rental Expense pense kpense Vages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NA	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me	* * ***********************************			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	ldress;		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 S	chedule T.	Check if Austin.	, TX, officeholder living ex	rpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$) Reimbursement from political contributions intended	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C	i	date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$) Reimbursement from political contributions intended	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete 8	Schedule T.	Check if Austir	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		date / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)		
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Date	5 Business name				
Amount (\$)	7 Business address;	City;	State; Zip Code		
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		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City;	State; Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name			***************************************	
6 Amount (\$)	7 Payee address;	City	Anthony Control of the Control of th	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 required.)	instructions rega	rding type of	f 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 rega	rding type o	f 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 rega	rding type o	f Information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

SCHEDULE K

The Instruct	1 Total pages Schedule K:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Nam	e of person from whom amount is received	8 Amount (\$)			
6 Addr	ress of person from whom amount is received; City; Stat	te; Zip Code			
7 Purp	ose for which amount is received Check if	political contribution returned to filer			
Date Nam	ne of person from whom amount is received	Amount (\$)			
Addı	ress of person from whom amount is received; City; Sta	ate; Zip Code			
Purp	cose for which amount is received Check if	political contribution returned to filer			
Date Nam	ne of person from whom amount is received	Amount (\$)			
Addi	ress of person from whom amount is received; City; Sta	te; Zip Code			
Purp	cose for which amount is received Check if	political contribution returned to filer			
Date Nam	ne of person from whom amount is received	Amount (\$)			
Add	ress of person from whom amount is received; City; St	ate; Zip Code			
Purp	pose for which amount is received Check if	political contribution returned to filer			
	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" ••						
1	C/OH N	AME . 2 Filer ID (Ethics Commission Filers)					
3	SIGNA:	TURE					
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any n contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
	Commen	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS					
	Chec	conly one:					
	en in	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	and the second	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		Signature of Candidate					
5		EHOLDER plete 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 does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Signature of Officeholder					