# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o 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 Hernande	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			CITY; STATE; ZIP CODE	SEP 0 5 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (113) 89	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  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month  (C)	Day Year / 24	THROUGH 07	Day Year / 01 / 24
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPI  Runoff Other Description  Special	E
	/ " /			
12 OFFICE	OFFICE HELD (if any)	rustee	13 OFFICE SOUGHT (if know	m) (
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT VIDIATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
,		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ O. O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,871,99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
1	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
ie	quired to be reported by the under Title 15, Election Code.	
		,
	- Jalle J	
1	Signature of Căndidat	e or Officeholder
	Please complete either option below:	
	, , , ,	
	Technologic participation of the second seco	`
(1) Affidavit	CAMEREN DORSEY NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/08/26 NOTARY ID 13384985-2  Notary without Bond	
NOTARY STAMP / SEA	NL .	t
	before me by Daniela Hernandez this the 5	day of <u>September</u> ,
20 <u>'4</u> , to certify	which, witness my hand and seal of office.	,
(Meren Dirse	(gmeren bysev	Noterry
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR S	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
My address is		
	, , ,	(zip code) (country)
Executed in	County, State of, on the day of(month)	, 20
	(month)	(year)
	Signature of Candidate/O	fficeholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: 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 CON	ITRIBUTIONS \$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$			
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	ONS 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 (\$)
		<b>6</b> Contributor address; City; State; Zip Code	••
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	•
	Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	•••
	Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
		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

ii iiie requi	ested information is not applicable, DO NOT includ	e uns p	age	in the report.	
Th	ne Instruction Guide explains how to complete this form	n.		1 Total pages Sched	ule A2:
2 FILER NAMI	E			<b>3</b> Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTION	18	\$	
5 Date	6 Full name of contributor		)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Э	Check if travel outsi	I    -     de of Texas. Complete Schedule T.
10 Principal occ	Eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> En	nploye		AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	<b>13</b> Co	ntribut	tor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	<b>15</b> La	w firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			
Date	Full name of contributor		)	Amount of Contribution \$	In-kind contribution description
!	Contributor address; City; State;	Zip Cod	le	Check if travel outsi	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	En	ploye	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Co	ntribul	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm 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 SCI	HEDU	LEAS NEEDED	

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

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

		•		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ile B:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor  ut-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta		 	  -  -
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		ide of Texas. Complete Schedule T.
Date	Full name of pledgor	)	Amount   of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	i ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		 
			Check if travel outsi	l , ide of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	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		 
			Check if travel outs	] ide of Texas, Complete Schedule T
Principal occu		Employer (See	Instructions)	
		A		
	·			
[1	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst			requirements.

### LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the rep	oort.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🔲 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
I Y I N			11 Maturity date
12 Principal occupation	on / Job title (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 (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	ion (One Instructions)	21	
20 Principal Occupat	ion (See instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colling	ateral	Check if personal fun- account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	<u></u>	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees 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

			0 = 1 = 1 = 1 = 1		
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Date	5 Payee name				
Amount (\$)	7 Payee 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 Aust	tin, TX, officeholder living 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 Aus	stin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 Aus	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Th	ne 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; 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	y; State; Zip Code			
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	: AS NEEDED			

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

### SCHEDULE F4

		EXPENDITURE CATE	SORIES FO	JK BOX 10(a)		ì
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
		The Instruction Guide explain	ns 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	IZED EXF	PENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name		•		
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder living	expense
11 Complete QNLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	ffice sought	Office he	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	olitical		
PURPOSE OF	Catego	ory (See Categories listed at the top of th	is schedule)	Description		
EXPENDITURE		Check if travel outside of Texas. Complete	e Schedule T.	Check if A	ustin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	0	ffice sought	Office h	eld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	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 Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Overhead/Rental Expense Beverage Expense Polling Expense wards/Memorials Expense Printing Expense		Solicitation/Fundraising 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	ME			3 Filer ID (Ethics (	Commission Filers)	
4 Date	<b>5</b> Payee nar	пе			- Andrews Parameter		
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of thi	s schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austii	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held	
Date	Payee na	me					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	OF .		Description				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
	ATTA	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees 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 Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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 (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 9 Complète ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Business name Business address: Amount (\$) 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 sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to co	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name	•		<del></del>	
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regar	rding 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 (Se required.)	e instructions rega	rding 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 (Se required.)	e instructions rega	rding 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 (Se	e instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EEDED		

# 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; Sta	ate; Zip Code	
	7 Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; 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, Sta	ate, Zip Code	
	Purpose for which amount is received Check if	f political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; St	tate; Zip Code	
	Purpose for which amount is received Check if	f political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

#### SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule A2 Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COH-UC Schedule H Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)

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

SCHEDULE T

in 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 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:			
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name of person(s) traveling			
8 Departure city or name of departure location			
9 Destination city or name of destination location			
10 Means of transportation			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1			
Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling			
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
Schedule A2 Schedule 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 person(s) traveling			
Departure city or name of departure location	Departure city or name of departure location		
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			