# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	·	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST	os	SUFFIX	Date Received	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	; APT / SUITE #;	CITY; ST	ATE; ZIP CODE	JAN 1 CITY SE	6 2024 CRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	BOS	SUFFIX	Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT	/ SUITE #; 2405 E BELT LINE I CARROLLTON, TX	CITY; RD 75006	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION		
	469	sea-saoo				
9 REPORT TYPE	x January 15	30th day befo	re election	Runoff	15th day af treasurer a (Officeholde	
17700	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 07/15/2023	Day Year	THROUG	Month H 01/18/2024	Day Year	r
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
14	Month Day	Year Prima	ary Runoff	Other Description		
1	05/06/2023	Gene	ral Special	- 1 <sub>0</sub> 0 - 1		
12 OFFICE	OFFICE HELD (if any)		<b>13</b> OF	FICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE RE	IRES MAY HAVE BEEN I	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				1 =
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME	-		
		COMMITTEE CAMPAIGN	TREASURER ADDRE	SS		
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	DR ANDREW PALACIOS	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 0.00			
03/49/9	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
XT MOTOR	4. TOTAL POLITICAL EXPENDITURES	\$ 96.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 83.02			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 0.00			
required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder					
	Please complete either option below	v:			
(1) Affidavit		CHLOE L SAWATZKY Notar/ID #132378764 My Commission Expires February 27, 2024			
NOTARY STAMP/SEA					
	which, witness my hand and seal of office.	day of Secretory  Title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name is	, and my date of birth is	·			
My address is					
	(street) (city)	state) (zip code) (country)			
Executed in	County, State of , on the day of (mont	, 20 h) (year)			
	Signature of Candi	date/Officeholder (Declarant)			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

FILER NAME 20	Filer ID (Ethics Commission Filers)
DR ANDREW PALACIOS	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$ %
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	NTRIBUTIONS \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION: TO FILER	IS RETURNED \$
	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS

## **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	1 Total pages Schedule A1:
2 FILER NAME		3	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; Sta	te; Zip Code	
8 Principal occu	pation / Job title (See Instructions)  9 E	mployer (See Instruction	ns)
Date	Full name of contributor	)	Amount of contribution (\$)
	Contributor address; City; Sta	te; Zip Code	
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ns)
Date	Full name of contributor	)	Amount of contribution (\$)
	Contributor address; City; Sta	te; Zip Code	
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ns)
Date	Full name of contributor	)	Amount of contribution (\$)
	Contributor address; City; Sta	te; Zip Code	
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	EDED

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 Sched	ule A2:	
2	FILER NAMI	E		3 Filer ID (Ethics Commission Filers)		
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5	Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description	
		7 Contributor address; City; State;	Zip Code			
				Check if travel outsi	de of Texas. Complete Schedule T.	
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICI/	·	
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
		Contributor address; City; State;	Zip Code	Check if travel outsig	de of Texas. Complete Schedule T.	
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	<u>.</u>	
	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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 T			ı roquiromonte	

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES	\$	
5	Date	<b>6</b> Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; State; Zip Code		 
			Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)  11 Employer (See	Instructions)	
	Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Code		 
			Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instructions)  Employer (See	Instructions)	
	Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Code		 
				I Lide 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; State; Zip Code		 
			Check if travel outs	I _ ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)  Employer (See	Instructions)	
L				
	If	ATTACH ADDITIONAL COPIES OF THIS SCHEDU		requirements

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

## LOANS SCHEDULE E

ii tiio roquotiot	a information to not applicable, <b>50 No</b>	- molade tins page in the re	port.
The	Instruction Guide explains how to comple	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate	
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	,
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (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 Colli	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

## 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 Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Anthors a extension post listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment					
Great Gurd' dyffierit	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	DR ANDREW PALACIOS				
4 Date	5 Payee name				
Aug '23, Sept '23, Oct '23, Nov '23, Dec '23, Jan '24	BANK OF AMERICA				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$16 x 6 months = \$96 \$96.00	P.O. BOX 25118 TAMPA, FL 3622-5118				
		T			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FEES	BANK ACCOUNT	FEES		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 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		
	11.00				
	Category (See Categories listed at the top of this schedule)	Description			
	Category (See Categories listed at the top of this scriedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
experiantile to beliefit 6/OF	1				
Date	Payee name				
Date	1 ayee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Amount (\$)	rayee address,	City,	State, Zip Code		
		_			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTAQUARDITIONAL CORIES OF THE	COLLEGE LA CASSE	-DED		
I	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	こりとり		

## **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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services			Travel In Distr Travel Out Of Other (enter a	District	not listed above)
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (E	thics Cor	mmission Filers)
4 TOTAL OF UNITER	/IIZED UN	PAID INCURRED O	BLIGATIONS	6	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	Sta	ate;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Poli	tical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Comp	olete Schedule T.	Check if Aus	tin, TX, officeholde	r living exp	pense
11 Complete ONLY if direct expenditure to benefit C/Oh		didate / Officeholder name	e Of	fice sought	Of	fice held	ı
Date	Payee	name					
Amount (\$)	Payee	address;		City;	Sta	ate;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Pol	tical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top	of this schedule)	Description			
		Check if travel outside of Texas. Con	nplete Schedule T.	Check if Au	stin, TX, officehold	ler living ex	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		didate / Officeholder name	e Of	fice sought	Of	ffice held	l
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## 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	n Filers)
<b>4</b> 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	у;	State;	Zip Code
	Description of investment			
	Amount of investment (\$)			
				e juli Pari
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 Consulting Expense

Event Expense Food/Beverage Expense
Gift/Awards/Moments/ Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica	Traver Out of District
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political Non-Political
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		1 7 7 7 7
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 school (c) Check if travel outside of Texas. Complete School		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		
	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/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		10. 17.4
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	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
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	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 Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made I Candidate/Officeholder/Politic		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explai	ins how to complete this form.	
Total pages Schedule H:	2 FILER N.	AME		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 Se	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	s address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule) Description	
EXPENDITORE		Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held
Date	Business	s name		
Amount (\$)	Business	s address;	City;	State; Zip Code
PURPOSE OF	Category	r (See Categories listed at the top of this	schedule) Description	
EXPENDITURE		Check if travel outside of Texas. Complete S	ichedule T. Check if Aus	stin, TX, officeholder living expense
	Candic	late / Officeholder name	Office sought	Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	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 (Secrequired.)	e instructions regarding type o	f information
Date	Payee name			9.5
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding 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 (Ser required.)	e instructions regarding 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.)	e instructions regarding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

### SCHEDULE K

The Instruction Guide explains how to complete this form.  1 Total pages Sched			dule K:	
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; Stat	te; Zip Code	
		7 Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ute; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Stat	te; Zip Code	
	-	Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ute; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

## SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction G	uide explains how to complete this for	n.  1 Total pages Schedule T:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corpora	ion or Labor Organization / Pledgor / Payer	3		
5 Contribution / Expenditure repo	orted on:			
Schedule A2	Schedule B Schedule B(J)	Schedule C2 Schedule D Schedule F1		
	Schedule F4 Schedule G	Schedule H Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Nar	f travel 7 Name of person(s) traveling			
<b>8</b> Dep	8 Departure city or name of departure location			
9 Des	9 Destination city or name of destination location			
10	T., -			
10 Means of transportation				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure rep	orted 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		
Datas afternal New				
	Dates of travel Name of person(s) traveling			
Dep	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 Sc	nedule B Schedule B(J) Sc	hedule C2 Schedule D Schedule F1		
Schedule F2 Sc	nedule F4 Schedule G Sc	nedule H Schedule COH-UC Schedule B-SS		
Dates of travel Nar	ne of person(s) traveling			
Dep	Departure city or name of departure location			
Des	ination city or name of destination location			
Means of transportation	Purpose of travel (including name	of conference, seminar, or other event)		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
		<ul><li>Complete only if "Report Type" on page 1 is marked "Final</li></ul>	Report" ••				
1	C/OH N	NAME 2	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature	of Candidate / Officeholder				
4		FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder					
	A.	CAMPAIGN FUNDS					
	Checl	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	n political contributions.				
	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 filing 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.						
	B. ASSETS						
	Check only one:						
	I do not retain assets purchased with political contributions or interest or other income 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 i personal use. I also understand that I must dispose of assets purchased with political or requirements of Election Code, § 254.204.	ncome from political contributions to				
		Sig	nature of Candidate				
5		EHOLDER					
	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.						
		Sign	ature of Officeholder				