CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: |
|---|---|--|---|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST | MI | OFFICE USE ONLY |
| NAME | NICKNAME LAST | SUFFIX | · Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; C | CITY; STATE; ZIP CODE | Date Hand-delivered or Date Postmarked |
| Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | EXTENSION | Receipt # Amount |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Date Processed Date Imaged |
| NAME | NICKNAME LAST | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUI | ITE#; CITY; STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | |
| 9 REPORTTYPE | January 15 30th day before election | on Final report (Attach C/OH - FR | Exceeded \$500 limit |
| | July 15 8th day before election | n Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| 10 PERIOD COVERED | Month Day Year THRO | Month Day | Year |
| 11 ELECTION | ELECTION DATE ELECTION TY | PE | |
| | Month Day Year Primary | Runoff | General Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if know | n) |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE | Direct campaign expenditures are campaign Candidates are required to disclose this informa | | |
| BY OTHER INDIVIDUALS | Name | | |
| | Address / PO Box; Apt. / Suite #; City; State; | Zip Code | |
| additional pages | | | |
| | GO ТО | PAGE 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | | 16 ACCOUNT # (Ethics Commission Filers) | | |
|--------------------------------|---|---|--|--|--|
| 17 NOTICE FROM POLITICAL | may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are require this information only if they receive notice of such expenditures. •• | | | | |
| COMMITTEE(S) | COMMITTEE TYPE GENERAL | COMMITTEE NAME | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 18 CONTRIBUTION TOTALS | | L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI | \$ | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD | \$ | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | HE \$ | | |
| 19 AFFIDAVIT | | | perjury, that the accompanying report information required to be reported by | | |
| AFFIX NOTARY STAMI | P / SEAL ABOVE | Signature of Cano | didate or Officeholder | | |
| Sworn to and subscrib | oed before me, by | the said | , this the day | | |
| of, 2 | 0, to cer | tify which, witness my hand and seal of office. | | | |
| Signature of officer ad | lministering oath | Printed name of officer administering oath T | itle of officer administering oath | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The Instruc | tion Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
|----------------|---|--------------------|-------------------------------|--|
| 2 FILER NA | ME | | 3 ACCOUNT# (Eth | ics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside of | of Texas, complete Schedule T) |
| 9 Principal oc | cupation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal oc | cupation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | <u> </u> | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If traval outside o | of Texas, complete Schedule T) |
| Principal oc | cupation / Job title (See Instructions) | Employer (See I | | r rexas, complete concedure 17 |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal oc | cupation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal oc | cupation / Job title (See Instructions) | Employer (See I | | · · · · · · · · · · · · · · · · · · · |
| | L | | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| PLEDO | GED CONTRIBUTIONS | | | SCHEDULE B |
|-------------------------|--|------------------|---|--|
| The Instru | ction Guide explains how to complete this form. | | 1 Total pages this S | chedule B: |
| 2 FILER NA | ME | | 3 ACCOUNT # (Ethic | es Commission filers) |
| 4 TO | ΓAL OF UNITEMIZED PLEDGES: ⇔ ⇔ | > ⇒ ⇒ | 라 다 | \$ |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#: | | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | | |
| 10 Principal occ | supation / Job title (See Instructions) | Employer (See Ir | • | f Texas, complete Schedule T) |
| .0 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| | | | (If travel outside o | f Texas, complete Schedule T) |
| Principal occ tions) | supation / Job title (See Instruc- | Employer (See Ir | nstructions) | |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| | | | (If traval autoida a | f Texas, complete Schedule T) |
| Principal occ | supation / Job title (See Instructions) | Employer (See Ir | , | rexas, complete scriedule 1) |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| | | | (If travel outside o | f Texas, complete Schedule T) |
| Principal occ | supation / Job title (See Instructions) | Employer (See Ir | nstructions) | |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| | | | (If travel outside o | f Texas, complete Schedule T) |
| Principal occ | supation / Job title (See Instructions) | Employer (See Ir | | · |
| If | ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instructi | | | requirements. |

| LOANS | | | | SCHEDULE E | |
|---|---|-------------------------|-------------|---------------------------|--|
| The Instruction | The Instruction Guide explains how to complete this form. | | | | |
| 2 FILER NAME | 2 FILER NAME 3 ACCOUNT # (Eth | | | | |
| 4 TOTA | TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ | | | | |
| 5 Date of loan | 7 Name of lender | out-of-state PAC (ID#: |) | 9 Loan Amount (\$) | |
| 6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code | | | | 10 Interest rate | |
| Y N | | | | 11 Maturity date | |
| 12 Principal occupatio | n / Job title (See Instructions) | 13 Employer (See In: | structions) | | |
| 14 Description of Collateral none | | | | | |
| 15 GUARANTOR INFORMATION | 16 Name of guarantor | | | 18 Amount Guaranteed (\$) | |
| not applicable To Guarantor address; City; State; Zip Code | | | | | |
| 19 Principal Occupation | | 20 Employer | | | |
| Date of loan | Name of lender | out-of-state PAC (ID#: |) | Loan Amount (\$) | |
| Is lender a financial Institution? | Lender address; City; State; | Zip Code | | Interest rate | |
| Y N | | | | Maturity date | |
| Principal occupation | n / Job title (See Instructions) | Employer (See Instructi | ons) | | |
| Description of Collate | eral | | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) | |
| not applicable | Guarantor address; City; State; | | | | |
| Principal Occupation | | Employer | | | |
| If len | ATTACH ADDITIONAL CO | | | quirements. | |

| | POLITIO | CAL EXPENDITURES | | | SCHEDU | LE F |
|---|---------------------------|---|--|-----------------------------------|---------------------------|-------------|
| | The Instruct | tion Guide explains how to complete this form. | | 1 Total pages Sc | hedule F: | |
| 2 | FILER NAME | <u> </u> | | 3 ACCOUNT # (I | Ethics Commission file | rs) |
| 4 | Date | 5 Payee name | | 7 | Amount (\$) | t |
| | | 6 Payee address; City; State; Zip Code | | | | |
| 8 | Purpose of pay required.) | ment (See instructions regarding type of information | 9 •• Complete if dir Candidate / Officeholder n | rect expenditure to be ame Office | penefit C/OH •• ce sought | Office held |
| | (If travel outside | e of Texas, complete Schedule T) | | | | |
| | Date | Payee name | | | Amount (\$) | t |
| | | Payee address; City; State; Zip Code | | | | |
| | required.) | ment (See instructions regarding type of information e of Texas, complete Schedule T) | •• Complete if dir Candidate / Officeholder n | ect expenditure to bame Office | penefit C/OH •• ce sought | Office held |
| | • | , , | | | | |
| | Date | Payee name | | | Amount (\$) | I |
| | | Payee address; City; State; Zip Code | | | | |
| | required.) | ment (See instructions regarding type of information ide of Texas, complete Schedule T) | •• Complete if dir Candidate / Officeholder n | ect expenditure to b ame Offic | penefit C/OH •• ce sought | Office held |
| | Date | Payee name | | | Amount | i |
| | | | | | (\$) | |
| | | Payee address; City; State; Zip Code | | | | |
| | required.) | ment (See instructions regarding type of information e of Texas, complete Schedule T) | •• Complete if dir Candidate / Officeholder n | ect expenditure to b ame Offic | penefit C/OH •• ce sought | Office held |
| | | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS N | EEDED | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| The Instruc | tion Guide explains how to complete this form. | 1 Total pages Sched | dule G: | |
|-------------|--|---------------------|---|--|
| FILER NAM | E | 3 ACCOUNT # (Ethi | ics Commission filers) | |
| Date | 5 Payee name | | 8 Amount (\$) | |
| | 6 Payee address; City; State; Zip Code | | (4) | |
| | 7 Purpose of expenditure (See instructions regarding type of information re (If travel outside of Texas, complete Schedule T) | quired.) | Reimbursement from political contributions intended | |
| Date | Payee name | | Amount | |
| | (\$) | | | |
| | Purpose of expenditure (See instructions regarding type of information re (If travel outside of Texas, complete Schedule T) | quired.) | Reimbursement from political contributions intended | |
| Date | | | | |
| | Payee address; City; State; Zip Code | | (\$) | |
| | Purpose of expenditure (See instructions regarding type of information re (If travel outside of Texas, complete Schedule T) | quired.) | Reimbursement from political contributions intended | |
| Date | Payee name | Amount | | |
| | Payee address; City; State; Zip Code | | (\$) | |
| | Purpose of expenditure (See instructions regarding type of information re | equired.) | Reimbursement from political contributions | |
| | (If travel outside of Texas, complete Schedule T) | | intended | |
| Date | Payee name | | Amount (\$) | |
| | Purpose of expenditure (See instructions regarding type of information re (If travel outside of Texas, complete Schedule T) | quired.) | Reimbursement from political contributions intended | |

PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH 1 Total pages Schedule H: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date Business name Amount (\$) City; State; Zip Code 6 Business address: 8 Purpose of payment (See instructions regarding type of information 9 • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office held Office sought (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| he Instru | ction Guide explains how to complete this form. | 1 Total pages Schedule I | : | | |
|-----------------|---|--------------------------|----------------|--|--|
| LER NAM | ER NAME 3 ACCOUNT # (Ethics of | | | | |
| Date | 5 Payee name | 8 | Amount (\$) | | |
| | 6 Payee address; City; State; Zip Code | | | | |
| | 7 Purpose of expenditure (See instructions regarding type of inform | nation required.) | | | |
| Date Payee name | | | Amount (\$) | | |
| | | (4) | | | |
| | Purpose of expenditure (See instructions regarding type of inform | nation required.) | | | |
| Date | Payee name | | Amount (\$) | | |
| | Payee address; City; State; Zip Code | | (4) | | |
| | Purpose of expenditure (See instructions regarding type of inform | nation required.) | | | |
| Date | Payee name | | Amount (\$) | | |
| | Payee address; City; State; Zip Code | | W | | |
| | Purpose of expenditure (See instructions regarding type of inform | nation required.) | | | |
| Date | Payee name | | Amount (\$) | | |
| | Payee address; City; State; Zip Code | | (4) | | |
| | Purpose of expenditure (See instructions regarding type of inform | nation required.) | | | |
| | Purpose of expenditure (See instructions regarding type of inform ATTACH ADDITIONAL COPIES OF THIS | | D | | |

| | CREDIT | S (optional) | | SCHEDULE K |
|---|--------------|---|--------------------|-------------------------|
| | The Instruct | ion Guide explains how to complete this form. | 1 Total pages Sche | dule K: |
| 2 | FILER NAME | | 3 ACCOUNT # (Eth | nics Commission filers) |
| 4 | Date | 8 Amount (\$) | | |
| | | 7 Reason for credit | | |
| | Date | Payor name | | Amount (\$) |
| | | Reason for credit | | |
| | Date | Payor name | | Amount (\$) |
| | | Reason for credit | | |
| | Date | Payor name | | Amount (\$) |
| | | Reason for credit | | |
| | Date | Payor name | | Amount (\$) |
| | | Reason for credit | | |
| | | ATTACH ADDITIONAL COPIES OF THIS FORM A | S NEEDED | |

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

| | | - |
|----------|---|---|
| SCI | \ | |
| -> L - I | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _ |

| The Instruction | Guide expla | ains how to comp | lete this form. | | 1 Total pages Schedule T: |
|--|-----------------|------------------------|------------------------|-------------------|--|
| 2 FILER NAME | | | | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Name of Contributor | Corporation | or Labor Organizati | on / Pledgor / Payee | | |
| 5 Contribution / Expend | liture reported | d on: | | | |
| | nedule A | Schedule B | Schedule C | Schedule | D Schedule F Schedule G |
| | nedule H | Schedule N | COH-UC | СОН-Т | PAC-T SPAC-T |
| 6 Dates of travel | 7 Name o | of person(s) traveling | g | | |
| | 8 Departu | re city or name of de | eparture location | | |
| | 9 Destinat | tion city or name of | destination location | | |
| 10 Means of transportat | ion | 11 Purpose of trav | vel (including name o | of conference, se | eminar, or other event) |
| Name of Contributor / | Corporation o | r Labor Organizatio | n / Pledgor / Payee | | |
| Contribution / Expendit | ure reported | on: | | | |
| _ | nedule A | Schedule B | Schedule C | Schedule | D Schedule F Schedule G |
| | | _ | _ | | |
| Sci | nedule H | Schedule N | COH-UC | □ СОН-Т | PAC-T SPAC-T |
| Dates of travel | Name of p | person(s) traveling | | | |
| | Departure | city or name of depa | arture location | | |
| | Destination | n city or name of de | stination location | | |
| Means of transportation | ו | Purpose of travel | (including name of o | conference, semi | inar, or other event) |
| Name of Contributor / | Corporation o | r Labor Organizatio | n / Pledgor / Payee | | |
| Contribution / Expendit | ture reported | on: | | | |
| Sch | nedule A | Schedule B | Schedule C | Schedule | D Schedule F Schedule G |
| Sch | nedule H | Schedule N | COH-UC | СОН-Т | PAC-T SPAC-T |
| Dates of travel | Name of p | erson(s) traveling | | | |
| Departure city or name of departure location | | | | | |
| Destination city or name of destination location | | | | | |
| Means of transportation | <u> </u> | Purpose of travel | l (including name of o | conference, semi | inar, or other event) |
| | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | | | | |

CANDIDATE / OFFICEHOLDED DEDODT-

| | 0 2 | IGNATION 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 ACCOUNT # (Ethics Commission filers) | | | | | | |
| 3 | SIGNATURE | | | | | | | | |
| | 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 | | WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are not an officeholder. •• | | | | | | | |
| | A. | CAMPAIGN FUNDS | | | | | | | |
| | Check | only one: | | | | | | | |
| | | I do not have unexpended contributions or unexpended interest or income earner | ed from 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 oth contributions. | er income from political | | | | | | |
| | | I do retain assets purchased with political contributions or interest or other income I understand that I may not convert assets purchased with political contributions from political contributions to personal use. I also understand that I must dispose political contributions in accordance with the requirements of Election Code, § 25 | or interest or other income se of assets purchased with | | | | | | |
| | | Sig | nature of Candidate | | | | | | |
| 5 | | EHOLDER lete this section <i>only</i> if you are an officeholder •• | | | | | | | |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder we treasurer on file. I am also aware that I will be required to file reports of unexpended I cease holding office, I retain assets purchased with political contributions or in political contributions. | ed contributions if, at the time | | | | | | |
| | | Sign | nature of Officeholder | | | | | | |