•

	E / OFFICEHOLDER		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR FIRST	Л ј Мі	OFFICE USE ONLY
OFFICEHOLDER NAME	MS Sheigi C Nickname Last	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX, APT/SUITE#. CITY: 4101 W, Idwood	STATE; ZIP CODE	Date Hand-delivered or Postmarked Z
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 4/9-1539	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	NS/MRS/MR FIRST JOSEPN NICKNAME LAST Parker	MI	Date Imaged
	Parker		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE), APT/SUITE #, 5918 LOOKOUT AUSHN, TX 70	city. state. Mountain 8731	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 323-660	EXTENSION 5	
9 REPORT TYPE	January 15 30th day before election July 15 Bth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 15 / 2017 THROUGH	Month Day	Tear ZOIZ
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year J 12 2012	Runoff L	General Special
12 OFFICE	OFFICE HELD (If any) City Council		Council
	GO TO PAC	3E 2	

Revised 04/19/2013

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(512) 463-5800

CANDIDAT SUPPORT		CEHOLDER REPORT: S	FORM C/OH Cover Sheet pg 2
14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME Shuy I N Colo COMMITTEE ADDRESS 4101 Wildwood	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME JOSEPH PAIKER COMMITTEE CAMPAIGN TREASURER ADDRESS 5910 LOOKOUT MO	untain
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTALI	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$ 1,509
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,901.93
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$9635.07
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	
A ANY	CANDY HINKLE Commission Expire July 17, 2014	is true and correct and includes all me under Title 15, Election Code. Signature of Cana	perjury, that the accompanying report information required to be reported by didate or Officeholder
AFFIX NOTARY STAM Sworn to and sub <u>10</u> day <u>day</u> Signature of officer adm	scribed before of <u>Tul</u>		ny hand and seal of office. Watary Public Title of officer administering oath

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A
2	FILER NAME			3 ACCOUNT # (E	thics 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			· ·
					of Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See	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	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See		
	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	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	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	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See		
	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	of Texas, complete Schedule T)
	Principal occuj	pation / Job title (See Instructions)	Employer (See		
	lf c	ATTACH ADDITIONAL COPIES C			requirements.
		· · · · · · · · · · · · · · · · · · ·			-

(512)463-5800 (TDD 1

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule B
2 FILI	ER NAME		3 ACCOUNT # (E	thics Commission Filers)
4	тот	AL OF UNITEMIZED PLEDGES: ↔ ↔ ↔	ф ф	\$
5 Dat	e	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		,
			(If travel outside	i of Texas, complete Schedule T)
10 Prin	cipal occu	pation / Job title (See Instructions) 11 Employer (See In	nstructions)	
Dat	e	Full name of pledgorout-of-state PAC (iD#)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address, City; State; Zip Code		
			(If travel outside] of Texas, complete Schedule T)
Prir	ncipal occu	pation / Job title (See Instructions) Employer (See In	nstructions)	
Dat	te	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	i of Texas, complete Schedule T)
Prir	ncipal occu	pation / Job title (See Instructions) Employer (See In	nstructions)	
Da	ite	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City, Stata, Zip Code		.
			(If travel outside	of Texas, complete Schedule T)
Prir	ncipal occu	upation / Job title (See Instructions) Employer (See	Instructions)	
Da	ite	Full name of pledgor out-of-state PAC (#D#)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City, State: Zip Code	/If travel outride	of Texas, complete Schedule T)
		Insticut (Job title (See Instructions) Employer (See 1	1 <u>.</u>	
Pri	ncipal occi	upation / Job title (See Instructions) Employer (See 1		
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE		
	If	ATTACHADDITIONAL COPIES OF THIS SCHEDULE contributor is out-of-state PAC, please see instruction guide for ad	ditional reporting	g requirements.

LOANS

Austin, Texas 78711-2070

SCHEDULE E

(512) 463-5800

The	e instruction Guide explains how to com	plete this form.	1 Total pa	ges Schedule E
FILER NAME			3 ACCOU	NT # (Ethics Commission Filer
тот	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	₽	\$
Date of loan	7 Name of lender	out-of-state PAC (ID#		9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City; State,	Zip Code		10 Interest rate
Y N				11 Maturity date
2 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instructions)	I	,
4 Description of Co	llaterál	15 Check if personal funds were	e deposited	into political account
6 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$
not applicable	18 Guarantor address; City; Ition (See Instructions)	State, Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#		Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)		<u> </u>
Description of Co	llateral	Check if personal funds were	e deposited	into political account
	Name of guarantor			Amount Guaranteed (\$
GUARANTOR		State; Zip Code		
	Guarantor address; City;			
INFORMATION		Employer (See Instructions)		

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expanse Salaries/Wages/C	••
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundra Food/Beverage Expense Travel in District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f The Instruction Guide explains how to	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F	2 FILER NAME Shery 1 Colo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/02	5 Payee name PAY Pal - Con	istant Contacts
6 Amount (\$) 91 143	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) $Adver h^{-}s^{-}ng$	(b) Description (If travel outside of Texas, complete Schedule T) Adver H-Si 29 fee S
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 2/05	Payee name Pay Pal C	Constant Contacts
Amount (\$) /15 37	Payee address; City; State; Zip Code 1700 W. Po Auskin, TX	1872 9
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adver hsize 29	Description (Il travel outside of Texas, complete Schedule T) Advertising Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholde5,name	Office sought Office held
Date 2/05	Payee name Rudy Aroci	19
Amount (\$) 200	Payee address; City; State; Zip Code 3014 W. W. 11. M. L. A45 4:N, TX Category (See categories listed at the top of this schedule)	annon #-1422 78745
PURPOSE	Category (See categories listed at the top of this schedule)	
	Advertising	Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
Date 2/25	Payee name Austin Black	KLOWYKS
Amount (\$) 50	Payee address: City: State: Zip Code P.O. BOX 133. Aus Hini, TX 78	Z / G 7 / / Description (If travel outside of Texas, complete Schedule T)
PURPOSE		
	Event Expense	Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C	ЮН	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Selarles/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/it The Instruction Guide explains how to	contract Labor Loan I aising Expense Transp Contri trict Ca Rental Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense butions/Donations Made By ndidate/Officeholder/Political Committee R (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Shery N	1. 600	ACCOUNT # (Ethics Commission Filer DOUD 1564
Date 5/02	5 Payee name IACT		
Amount (\$) 50	7 Payee address: City: State: Zip Code 2921 E17th Austan, TX	Street B. 7870	ldgD ste 3 Z
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		outside of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct	Event Expens Candidate / Officeholder name	Office sought	EXPENSE Office held
expenditure to benefit C/O		Cines oougin	Onico nos
Date 5/03	Payee name Tlavis Colli	nty De	macia fic ter
Amount (\$)	Payee address; City; State; Zip Code	Street	
15000	Payee address; City; State; Zip Code, 1311 F. 6 Hh AUS Hin1, TX	78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EURN F EXPINS C	Description (If travel	butside of Texas, complete Schedule T) $E X P e n 5^{-1}$
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date $5/3$	Payee name 54/Uahon.	Army	
Amount (\$) 30^{5}	Payee address: City; State; Zip Code 501 F 8 H Au 5 h n1, TX 78	201	
PURPOSE	Category (See categories listed at the top of this schedule)		outside of Texas, complete Schedule T)
OF	Food / Event Expense	Food/ E	unt Expinse
OF EXPENDITURE Complete ONLY if direct	Food / Event Expense Candidate / Officeholder name		- 1
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Payee name Schlotz.	Fac d/ 2	Office held
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date <u>5/3</u>	Payee name Payee address; City; State; Zip Code 218 S. Lamor	Fac d/ f. Office sought 5 KC/ 5 Blud	Office held
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date <u>5/3</u>	Payee name Payee address; City; State; Zip Code 218 S. Lamor	Fac d/ f. Office sought 5 KC/ 5 Blud	Office held
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date <u>5/3</u> Amount (\$) <u>33</u> // PURPOSE OF	Payee name Payee name Payee address: City; State; Zip Code 218 S. Lamar Aushn JTX 72 Category (See categories listed at the top of this schedule)	$\frac{F_{D,D}}{Office sought}$ $\frac{F_{D,D}}{SKC}$ $\frac{SKC}{S}$ $\frac{SIUD}{S7D4}$ Description (If travel	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 5/3 Armount (\$) 33// PURPOSE	Food Funt Expanse Candidate / Officeholder name Payee name Schlotz Payee address; City; State; Zip Code 218 Schon Austric Category (See categories listed at the top of this schedule) Fould Bellenage Candidate / Officeholder name	$\frac{F_{D,D}}{Office sought}$ $\frac{F_{D,D}}{SKC}$ $\frac{SKC}{S}$ $\frac{SIUD}{S7D4}$ Description (If travel	Office held

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Austin, Texas 78711-2070

(512)463-5800 (TD

POLITICAL	EXPENDITURES	SCHEDULE F
······································	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal ServicesSolicitation/FuFood/Beverage ExpenseTravel In DistPolling ExpenseTravel Out OfPrinting ExpenseOffice Overher	District Candidate/Officeholder/Political Commit ad/Rental Expense OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Image: Application Guide explains how	3 ACCOUNT # (Ethics Commission Fi DDOD 1564
Date 5/13	5 Payee name EMANICIPI	of
Amount (\$)	7 Payee address; City; State; Zip Code	11 1 DEVA 460
504	Austin, TX	1875Z
PURPOSE OF	(a) Category (See categories listed at the top of line schedule)	(b) Description (If travel outside of Texas, complete Schedula T)
EXPENDITURE	Fres	Fres
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 5/13	Payee name Blank Hu	stin Democrats
Amount (\$)	Payee address; City; State; Zip Code	
10000	P.O. Buy 62	
100	Austan TX	78762
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 5/13	Payee name Bruce Elfant	Ice Grean Social
Amount (\$) 50	Payee address; City; State; Zip Code P.O. BOX 490 Austrini, TX a	51 28765
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date 5/10	Payee name Wiskey Unin	ted Mithadist Church
Arriount (\$)	Payee name WISIEL Unit Payee address; City; State; Zip Code 164 San Au Strin, Tx	Bennon d 1870 Z
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement Lising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/OfficeHolder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Shury/ Cole	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/22	5 Payee name Mitto pali 19	n Breakfast Clas
6 Amount (\$) 2.5	7 Payee address; City; State; Zip Code (17 Club 2108 Robert L Austria	Redmon Prive A mini TX 70712
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) E Jen f E Jn f Jn S e	(b) Description (If travel outside of Texas, complete Schedule T) EVENT EXPENSE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name Pawid Chape	./
Amount (\$) 21200	Payee address; City; State; Zip Code 22-11 E. MLI AUSHN, TX	20702
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 1043		ex Public Afrerals
Amount (\$) 75 //	Payee address: City; State; Zip Code 777 N. Cap. 14 WAShington	Streep Northeest Ste 807 DC 2000Z
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXDENSE	Description (If travel outside of Texas, complete Schedule T) FULD + EXPLOSE
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 6/3	Payee name Constant Con	ntacts
Amount (\$) G.g. 41	Payee address; City: State; Zip Code 122 Hund St	n Strect
10	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Advertising Exprese	Adverhising Expense
Complete ONLY if direct expenditure to benefit C	/OH	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead// The Instruction Guide explains how to	iontract Labor L aising Expense T C strict Rental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee ITHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME SHELY/CO/2		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/3	Louis	taets	
6 Amount (\$) 290	7 Payee address; City; State; Zip Code / 2 2 Huch 500 RL X, N X	SH e e 1001:	2 3
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Haver 45, 19		travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/3	Payee name ATT		
Amount (\$) 130	Payee address; City; State; Zip Code $A \uparrow T \land Mob: 1 fc_1$ $f.0, B0 \times 537104$ Aflan fg, BA 30353	- 7/04	
PURPOSE OF EXPENDITURE	Category (See categories listed at the lop of this schedule)	Description (It	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 6/30	Payee name David Chape.	/	
Amount (\$) 262	Payee address; City; State; Zip Code 2211 Emcl Aushin; TX	4 1870Z	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 7//	Payee name ATT		
Amount (\$) 00 130	Payee address; City; State; Zip Code ATT MOB. I. H. P.O. BOX 531104 A	Hantalit	2
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Feel = 5	Fees	f travel outside of Texas, complete Schedula T)
Complete <u>QNLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /0H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

Tourse Ethios Commission	n P.O. Box 12070	Austin, Texas 78711	-2070 (51	2)463-5800	(TDD 1-800-735-2989)
Texas Ethics Commissio	EXPENDITURES				Schedule F
Advertising Expense	Gift/Awards/Memorials Expense	RE CATEGORIES I Salaries/Wages/Co Solicitation/Fundral	ntract Labor	Loan Repayment	Reimbursement upment & Related Expense
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction G	Travel In District Travel Out Of District Office Overhead/Re uide explains how to c	ict Ental Expense	Contributions/Don Candidate/Offi OTHER (enter a o	
1 Total pages Schedule F:		1/ 6/4		3 ACCOUN	T # (Ethics Commission Filers) 00 / 564
4 Date 1/02	5 Payee name	1100			
6 Amount (\$) 00 72	7 Payee address; City: 9600 Aus A	State: Zip Code	2874 2874	81114 9 	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at a Food Bern	the top of this schedule) $\mathcal{F} \mathcal{G} \mathcal{P} \mathcal{C}$	(b) Description	(if travel cutsitie of Tec Besting	cas, comprise Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na	ame		·	
Date	Payee name				
Amount (\$)		State; Zip Code	Description	(If travel cutside of Te	xas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at t	and the form and and and a			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder n 0H	ame	Office sough		Office held
Date	Payce name	•			
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF	Category (See categories listed at	the top of this schedule)	Description) (If travel cutside of T	hoas, complete Schedude T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder I /OH	name	Office soug	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City	y; State; Zip Code			
PURPOSE	Category (See categories listed a	it the top of this schedule)	Description	n (if travel outside of	Reveas, complete Schedule T)
	t Candidate / Officeholder	name	Office soug	pht	Office held
expenditure to benefit	EXUN	IAL COPIES OF THIS	SCHEDULEA	S NEEDED	
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Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/W/ Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out	ages/Contract Labor Loan Repay Fundraising Expense Transportati- istrict Contribution: Of District Candidat thead/Rental Expense OTHER (ent	ment/Reimbursement on Equipment & Related Expens s/Donations Made By s/Officeholder/Political Committ er a category not listed above)
Total pages Schedule F:	2 FILER NAME Shirig (3 ACC	OUNT # (Ethics Commission Fike) OO 1564
Date 4/10	5 Payee name 2-72,95		
Amount (\$) 27/2	7 Payee address; City; State; Zip Co 110 W C FK Austria, TX	60 street 18703	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Frod Bruchage	- 10	• •
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/22	Payee name League by	Women Vo	tils
Amount (\$)	Payee address; City; State; Zip Co	de K	
100	1011 W. 31: Austin, TX	5T	
PURPOSE	Category (See categories listed at the top of this schedula		of Texas, complete Schedule T)
OF EXPENDITURE	Event	Event	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/14	Payee name Cuill Scol	1/5	
Amount (\$)	Payee address; City; State; Zip Co 2 12012 PC Aushin T	x 18753	
PURPOSE	Certegory (See categories listed at the top of this schedule		-
OF EXPENDITURE	Event Expense	E Fuent Ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 4/26	Payee name AME Ch	urch - Metr	opolitan
Amount (\$)	Payee address; City; State; Zip Co	the Streat	
120	Austin, TX	78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (If travel outside	of Texas, complete Schedule T)
Complete QNLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	UR		

POLITICAL	EXPENDITURES	SCHEDULE	F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legat Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out O	es/Contract Labor undraising Expense strict Di District ead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Com OTHER (enter a category not fisted abor	nmittee
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission	n Filers)
4 Date 4/3	5 Payee name Constant	Contacts	
6 Amount (\$) 90	7 Payee address; City; State; Zip Code 12 2 Hudso New York,	on Street New York 10013	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Il travel outside of Texas, complete Schedule T) Adver Hising Expense	2
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date 4/3	Payee name Amplify 14	usting	
Amount (\$)	Payee address; City; State; Zip Code		
100	Payee address; City; State; Zip Code 98 San Jacante Austini TX	0 SFE 1200 7870/	
PURPOSE	Category (See categories listed at the top of this schedute)	Description (If travel outside of Texas, complete Schedule T)	
	lift	Char, ty	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 4/3	Payee name lo Duddy.		
Amount (\$) 23Z	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Consulting Expense	Compater / Reduit hising	ĺ
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 4///	Payee name Jote Jor Ho.	ista Schools	
Amount (\$) 50 500	Payee address; Cifý; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

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	EXPENDITURES	SCHEDULE F	
	EXPENDITURE CATEGORIE	S FOR BOY 9(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor Loan Repayment/Reimbursement traising Expense Transportation Equipment & Related Expense t Contributions/Donations Made By candidate/Officeholder/Political Committee //Rental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME Sherry / Cole	3 ACCOUNT # (Ethics Commission Filers	
4 Date 4/3	E Pavee name	nch Annousary	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100	2938 E 13 + AUSHINI, TX 78	6 370Z	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	light	Reimbursement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 3/31	Payee name DAvid Chap	Del	
Amount (\$)	Payee address; City; State; Zip Code		
262 00	2211 EMLK JR Blod Austini TX 78703		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	lift	list	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date 4/3	Payee name PAY PA		
4/3 Amount (\$)	Pavee address: City: State: Zip Code	mel	
4/3 Amount (\$)	PAY P141	mel 8729	
4/3 Amount (\$)	Payee address: City: State; Zip Code	MP/ 8729 Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T)	
4/3 Amount (\$) 50 PURPOSE OF	Payee address: City: State; Zip Code 100 W. Pan 140 Staw, Tx Category (See categories listed at the top of this schedule) Adventation for a g Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T)	
413 Amount (\$) 56 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct	Payee address: City: State; Zip Code 100 W. Pan 140 Staw, Tx Category (See categories listed at the top of this schedule) Adventation for a g Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T)	
4/3 Amount (\$) 56 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Payee address: City: State; Zip Code	Description (If travel outside of Texas, complete Schedule T) Advertor: ? 7 Office sought Office held Faulant	
$\frac{4/3}{\text{Amount ($)}}$ Amount (\$) $\frac{56}{\text{OF}}$ PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date $\frac{4/3}{3}$ Amount (\$)	Payee address: City: State; Zip Code 100 W. Paye Payee address: City: State; Zip Code 100 W. Paye Payee categories listed at the top of this schedule) Adven 4:5:19 Candidate / Officeholder name H Payee name Howlers RL5	Description (If travel outside of Texas, complete Schedule T) Advertor: ? 7 Office sought Office held Faulant	
$\frac{4/3}{\text{Amount ($)}}$ Amount (\$) $\frac{56}{56}$ PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/O Date $\frac{4/3}{3}$ Amount (\$)	Payee address: City: State; Zip Code	Description (If travel outside of Texas, complete Schedule T) Advertor: ? 7 Office sought Office held Faulant	
$\frac{47/3}{\text{Amount ($$)}}$ Amount (\$) $\frac{56}{56}$ PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date $\frac{17/3}{4}$ Amount (\$) $\frac{90}{25}$ PURPOSE OF	Payee address: City: State: Zip Code	Description (If travel outside of Texas, complete Schedule T) A dver H: Sr 7 7 Office sought Office held Faulant Rd B722 Description (If travel outside of Texas, complete Schedule T)	

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POLITICAL	EXPENDITURES	SCHEDULE F
	EXPENDITURE CATEGORIE	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Func Food/Beverage Expense Travel In Distric Polling Expense Travel Out of D	Contract Labor Loan Repayment/Reimbursement traising Expense Transportation Equipment & Related Expense t Contributions/Donations Made By istrict Candidate/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	
	Therul 1	3 ACCOUNT # (Ethics Commission Filers) 0 00 1564
4 Date 3/21	5 Payee name Z-TCIAS	
S Amount (\$)	7 Payee address; City; State; Zip Code	
80 42	Z-TEIAS 7 Payee address: City: State; Zip Code 110 W. 6 Hh Str Aushini, TX 7	9703
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Bederage	Food/Bederage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date /	Payee name // c M	
-725	Hoover's hes	taurant
Amount (\$)	Payee address; City; State; Zip Code	101
12.11	2002 Manon Austin, TX 7	8722
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food Beverage	Food/Bernago
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 3/15	Payee name Constant Lo	an tacts .
Amount (\$)	Payee address; City; State; Zip Code	strigt
90	NEws York, K	ew York 10013
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Advertising Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 3/18	Payee name National Associat	tion Advancement Colored Pe
Amount (\$)	Payee address; City; State; Zip Code	
150 //	1709 E. 12th Sti Austin, TX	1870Z
PURPOSE	Austan, TX Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Advertising
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
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	. EXPENDITURES OM PERSONAL FUN	NDS		SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES F Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor ing Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide		-	orm.
1 Total pages Schedule G	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
S Amount (\$)	7 Payee address; City, St	ate; Zıp Code		·····
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)	(b) Descriptio	n (If travel outside of Texas, complete Schedute T)
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Descriptio	n (If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Descriptlo	n (If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
political contributions intended	Category (See categories listed at the top	p of this schedule)	Descriptio	n (If travel outside of Texas, complete Schedule T)
OF				
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS	NEEDED

	ROM POLITICAL C IESS OF C/OH	ONTRIBUTIONS	SCHEDULE H
	EYDENDITUDE	E CATEGORIES FOR BOX 8	a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule H	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		<u> </u>
6 Amount (\$)	7 Business address; City; S	tate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	op of this schedule) (b) Description	On (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	e Office sou	ight Office held
Date	Business name		
Amount (\$)	Business address; City; S	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	e Office so	ight Office held
Date	Business name		
Amount (\$)	Business address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descript	On (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	e Office so	ught Office held
Date	Business name		
Amount (\$)	Business address; City; S	State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	ne Office so	ught Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	ASNEEDED

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 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address, City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)		
Date	Payee name			
Amount (\$)	Payee address; City; State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)		
Date	Payee name			
Amount (\$)	Payee address; City; State, Zıp Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	 (a) Category (See instructions for examples of acceptable categories) 	(b) Description (See instructions regarding type of information required)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.			dule K.
2 FILER NAME 3 ACCOUNT # (Et)			hics 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; State; Zip Code		
	7 Purpose for which amount is received		ļ
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received, City, State; Zip Code	, . ,	
	Purpose for which amount is received		L
Date	Name of person from whom amount is received		Arnount (\$)
	Address of person from whom amount is received; City; State, Zip Code	• • • • • • • • • • • •	
	Purpose for which amount is received		<u> </u>
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received	<u> </u>	······
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS				
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
4 Name of Contributor / Cor	poration or Labor Organization / Pledgor / Payee	L		
5 Contribution / Expenditure	a reported on:			
Schedu	ile A 🗌 Schedule B 🔄 Schedule C 🗌 Schedule	D Schedule F 🗍 Schedule G		
Schedu	ile H Schedule N COH-UC COH-T	PAC-C PAC-E		
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	11 Purpose of travel (including name of conference, se	eminar, or other event)		
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure	reported on			
Schedu	Ile A 🗌 Schedule B 🔄 Schedule C 🔝 Schedule	D Schedule F Schedule G		
Schedu				
Dates of travel	Name of person(s) traveling			
D	eparture city or name of departure location			
D	estination city or name of destination location			
Means of transportation	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:			
Schedu	ile A 📃 Schedule B 🗌 Schedule C 🗌 Schedule	D Schedule F Schedule G		
Schedu	ile H Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel N	lame of person(s) traveling			
D	Departure city or name of departure location			
Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, sem	inar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	-	IDIDATE / OFFICEHOLDER REPORT: IGNATION OF FINAL REPORT	FORM C/OH - FR
		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "F	
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	TURE	1
	report as	expect any further political contributions or political expenditures in connection with my car a final report terminates my campaign treasurer appointment. I also understand that I m any campaign expenditures without a campaign treasurer appointment on file.	
		Signat	ure of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER liete A & B below only if you are not an officeholder. **	
	A .	CAMPAIGN FUNDS	
	Chec	conty one:	
ĺ		I do not have unexpended contributions or unexpended interest or income earned from	political contributions.
		I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions a contributions or unexpended interest or income earned on political contributions long report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code, §	d on political contributions to personal and that I may not retain unexpended yer than six years after filing this final s and unexpended interest or income
	В.	ASSETS	
	Chec	conly one:	
		I do not retain assets purchased with political contributions or interest or other income f	from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204.	from political contributions to personal
			Signature of Candidate
5	OFFIC		
	Complete this section only 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
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