

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission File #)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MRS / MRS / MR FIRST <u>DARRYL</u> MI <u>R.</u> MR. <u>WITTE</u> NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged 2014 OCT 6 PM 2 38 AUSTIN CITY CLERK RECEIVED
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <u>3001 ESPERANZA CROSSING,</u> <u>APT. 2077</u> <u>AUSTIN, TX 78758</u>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 562-6622</u>		
6 CAMPAIGN TREASURER NAME	MRS / MRS / MR FIRST <u>DARRYL</u> MI <u>R.</u> MR. <u>WITTE</u> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <u>3001 ESPERANZA CROSSING,</u> <u>APT. 2077</u> <u>AUSTIN, TX 78758</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 562-6622</u>		
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (offholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>08/18/14</u> THROUGH <u>10/25/14</u> <u>9/25/14</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11/04/14</u> ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if none) <u>AUSTIN CITY COUNCIL,</u> <u>DISTRICT 7</u>		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ NA

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1300⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ NA

4. TOTAL POLITICAL EXPENDITURES

\$ 1,131.18⁰⁰

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

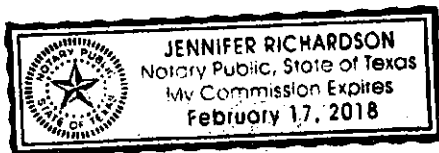
\$ 1300⁰⁰

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ NA

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darryl Wittle, this the 6th day of Oct, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jennifer Richardson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Files)	
4 Date 8/27/14	5 Full name of contributor ☐ out-of-state PAC (DP#) WILLIAM B. GAMMON	7 Amount of contribution (\$) \$300 ⁰⁰	8 In-kind contribution description (if applicable) CASH MANAGING ATT. THE GAMMON LAW FIRM (If travel outside of Texas, complete Schedule T)
6 Contributor address, City, State, Zip Code			
9 Principal occupation / Job title (See instructions) MANAGING ATTORNEY		10 Employer (See instructions) THE GAMMON LAW FIRM	
Date 8/31/14	Full name of contributor ☐ out-of-state PAC (DP#) GARY J. KEIL	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable) CHECK #4393 CONSTRUCTION MGR, M.W BUILDERS (If travel outside of Texas, complete Schedule T)
Contributor address, City, State, Zip Code 2595 FLITE ACRES RD. WIMBERLY, TX 78676-5753			
Principal occupation / Job title (See instructions) CONSTRUCTION MGR.		Employer (See instructions) M.W. BUILDERS	
Date 9/9/14	Full name of contributor ☐ out-of-state PAC (DP#) DAVID R. PROCTOR / JVOI T. PROCTOR	Amount of contribution (\$) \$700 ⁰⁰	In-kind contribution description (if applicable) CHECK # 8888 RETIRED (If travel outside of Texas, complete Schedule T)
Contributor address, City, State, Zip Code 3505 TURTLE CREEK BLVD., APT. 9A DALLAS, TX 75219-5568			
Principal occupation / Job title (See instructions) RETIRED / RETIRED		Employer (See instructions)	
Date 9/25/14	Full name of contributor ☐ out-of-state PAC (DP#) OSCAR A. GONZALEZ	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable) CHECK # 5787 (If travel outside of Texas, complete Schedule T)
Contributor address, City, State, Zip Code 7808 ADELAIDE DR. AUSTIN, TX 78739-1904			
Principal occupation / Job title (See instructions) CONSULTANT -		Employer (See instructions) SELF EMPLOYED - OAG CONSULTING, LLC	
Date 9/8/14	Full name of contributor ☐ out-of-state PAC (DP#) PETER W. DIENNA	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable) CHECK # 10920 DEVELOPER, PETER W. DIENNA CO., INC. (If travel outside of Texas, complete Schedule T)
Contributor address, City, State, Zip Code 5517 TILBURY DRIVE HOUSTON, TX 77056-2017			
Principal occupation / Job title (See instructions) DEVELOPER		Employer (See instructions) PETER W. DIENNA CO., INC.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The instruction guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Files)	
4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →		\$	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 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? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral ☐ none		15 Check if personal funds were deposited into political account ☐
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral ☐ none		Check if personal funds were deposited into political account ☐
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE 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

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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Files)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City, State, Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE 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

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 explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME DARREL R. WITTE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/18/14		5 Payee name CITY OF AUSTIN / OFFICE OF THE CITY CLERK			
6 Amount (\$) 500 ⁰⁰ ☒ Reimbursement from political contributions intended		7 Payee address; City, State, Zip Code 301 WEST 2 ND ST, SUITE 1120, AUSTIN, TX 78701 P.O. Box 1088, AUSTIN, TX 78767			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES - FILING FEE		(b) Description (If travel outside of Texas, complete Schedule T) FILING FEE RECEIPT # 23799959 ☐ Check if Austin, TX, officeholder living expense	
Date 9/27/14		Payee name CVS PHARMACY			
Amount (\$) 19.32 ☒ Reimbursement from political contributions intended		Payee address; City, State, Zip Code 2610 LAKE AUSTIN BLVD., AUSTIN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER -		Description (If travel outside of Texas, complete Schedule T) THANK YOU CARDS FOR CAMPAIGN CONTRIBUTIONS ☐ Check if Austin, TX, officeholder living expense	
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 schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
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 schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

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 explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME CHRISTINE HEIGES		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 8/29/14 9/03/14		5 Payee name Best Buy #204 N			
6 Amount (\$) \$531.44 ☒ Reimbursement from political contributions intended		7 Payee address, City, State, Zip Code Best Buy #204 Austin, Tx 78735			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Equipment (Other)		(b) Description (If travel outside of Texas, complete Schedule T) Tablet, Printer, Ink ☐ Check if Austin, TX, officeholder living expense	
Date 9/04/14		Payee name Book People			
Amount (\$) \$2500 ☒ Reimbursement from political contributions intended		Payee address, City, State, Zip Code 603 North Lamar Austin 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other Reference Materials Austin Imagine		Description (If travel outside of Texas, complete Schedule T) Books Imagine Austin ☐ Check if Austin, TX, officeholder living expense	
Date 09/24/14		Payee name Office Depot			
Amount (\$) \$100.81 ☒ Reimbursement from political contributions intended		Payee address, City, State, Zip Code 2620 W Anderson Lane Austin Tx 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) (Other) Name tags		Description (If travel outside of Texas, complete Schedule T) Name tags ☐ Check if Austin, TX, officeholder living expense	
Date 9/6/14		Payee name CVS Pharmacy			
Amount (\$) \$446.01 ☒ Reimbursement from political contributions intended		Payee address, City, State, Zip Code 2610 Lake Austin Blvd Austin 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office supplies (Other)		Description (If travel outside of Texas, complete Schedule T) Paper pens & files ☐ Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE 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

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 explains how to complete this form.

1 Total pages Schedule H:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address, City, State, Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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, 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, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Files)**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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule 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, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME**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 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- ☐ 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 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**

-- 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