

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |  |  |                             |
|---|--|--|-----------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Filer ID (Ethics Commission Filers)   | <b>2</b> Total pages filed: |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR                      FIRST                      MI   | <b>OFFICE USE ONLY</b>   |                             |
|   | NICKNAME                      LAST                      SUFFIX   |  |                             |
| Date Received   |  |  |                             |
| Date Hand-delivered or Date Postmarked                                |  |  |                             |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE   | Receipt #                      Amount \$   |                             |
|   | <input type="checkbox"/> Change of Address   | Date Processed   |                             |
| <b>5</b> CANDIDATE/ OFFICEHOLDER PHONE                                | AREA CODE                      PHONE NUMBER                      EXTENSION   | Date Imaged  |                             |
|   | (                      )   |  |                             |
| <b>6</b> CAMPAIGN TREASURER NAME                                      | MS / MRS / MR                      FIRST                      MI   |  |                             |
|   | NICKNAME                      LAST                      SUFFIX   |  |                             |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)        | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  |  |                             |
|   |  |  |                             |
| <b>8</b> CAMPAIGN TREASURER PHONE                                     | AREA CODE                      PHONE NUMBER                      EXTENSION   |  |                             |
|   | (                      )   |  |                             |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |  |                             |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)                         |  |                             |
| <b>10</b> PERIOD COVERED  | Month                      Day                      Year                      THROUGH                      Month                      Day                      Year  |  |                             |
|   |  |  |                             |
| <b>11</b> ELECTION  | ELECTION DATE  | ELECTION TYPE  |                             |
|   | Month                      Day                      Year   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| <b>12</b> OFFICE  | OFFICE HELD (if any)   |  |                             |
|   | <b>13</b> OFFICE SOUGHT (if known)   |  |                             |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

|                     |   |
|---------------------|---|
| <b>14 C/OH NAME</b> | <b>15 Filer ID</b> (Ethics Commission Filers) |
|---------------------|---|

|   |  |                                      |
|---|--|--------------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                                      |
|   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME                       |
|   |  | COMMITTEE ADDRESS                    |
|   |  | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |    |
|--------------------------------|---|----|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ |

**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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$                 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$                 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$                 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$                 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:            |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>6</b> Contributor address;                      City;                      State;                      Zip Code | <b>7</b> Amount of contribution (\$)         |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)         |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |  | <b>1</b> Total pages Schedule A2:   |   |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers)                                    |   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$  |   |
| <b>5</b> Date  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of Contribution \$  | <b>9</b> In-kind contribution description |
|  | <b>7</b> Contributor address; City; State; Zip Code                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | <b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)                        |   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                        |  | <b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)             |   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                           |  | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)              |   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)   | <b>Amount of Contribution \$</b>  | <b>In-kind contribution description</b>   |
|  | <b>Contributor address;</b> City; State; Zip Code  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| <b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>      |  | <b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>                           |   |
| <b>Contributor's principal occupation (FOR JUDICIAL)</b>                           |  | <b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>                |   |
| <b>Contributor's employer/law firm (FOR JUDICIAL)</b>                              |  | <b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>                 |   |
| <b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>    |  |   |   |

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B:  |   |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers)                                    |   |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | \$  |   |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of Pledge \$  | <b>9</b> In-kind contribution description |
|  | <b>7</b> Pledgor address; City; State; Zip Code                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| <b>10</b> Principal occupation / Job title (See Instructions)    |  |   |   |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of Pledge \$   | In-kind contribution description          |
|  | Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (See Instructions)              |  |   |   |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of Pledge \$   | In-kind contribution description          |
|  | Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (See Instructions)              |  |   |   |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of Pledge \$   | In-kind contribution description          |
|  | Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (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** Filer ID (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?

**8** Lender address; City; State; Zip Code

**10** Interest rate

Y N

**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 (See Instructions)

**16** GUARANTOR INFORMATION

**17** Name of guarantor

**19** Amount Guaranteed (\$)

**18** Guarantor address; City; State; Zip Code

not applicable

**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?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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 MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F2: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |                         |       |        |          |
|----------------------|-------------------------|-------|--------|----------|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

|                                  |   |   |
|----------------------------------|---|---|
| <b>10</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |
|                                  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                            |   |
|----------------------------|---|
| <b>TYPE OF EXPENDITURE</b> | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                    | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form. |   | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME                                       |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Name of person from whom investment is purchased     |  |
|   | .....   |  |
|   | <b>6</b> Address of person from whom investment is purchased; | City; State; Zip Code                        |
|   | <b>7</b> Description of investment                            |  |
|   | <b>8</b> Amount of investment (\$)                            |  |
| Date  | Name of person from whom investment is purchased              |  |
|   | .....   |  |
|   | Address of person from whom investment is purchased;          | City; State; Zip Code                        |
|   | Description of investment                                     |  |
|   | Amount of investment (\$)                                     |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F4: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |                         |       |        |          |
|----------------------|-------------------------|-------|--------|----------|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

|                                  |  |                        |
|----------------------------------|--|------------------------|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description |
|                                  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                            |                                    |  |
|----------------------------|------------------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|------------------------------------|--|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |                         |       |        |          |
|--|-------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                         |       |        |          |

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    | <b>(b)</b> Description  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                |       |        |          |
|--|----------------|-------|--------|----------|
| Amount (\$)  | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                |       |        |          |

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                    | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                |       |        |          |
|--|----------------|-------|--------|----------|
| Amount (\$)  | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                |       |        |          |

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                    | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date   | <b>5</b> Business name   |   |
| <b>6</b> Amount (\$)  | <b>7</b> Business address; City; State; Zip Code   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    | <b>(b)</b> Description  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held   |
| Date  | Business name  |   |
| Amount (\$)   | Business address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                               | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held   |
| Date  | Business name  |   |
| Amount (\$)   | Business address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                               | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held   |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:          | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                             | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                      | <b>7</b> Payee address;   | City State Zip Code   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|   |   |   |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
|   |   |   |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
|   |   |   |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
|   |   |   |

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

## SCHEDULE K

|   |   |                                       |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule K:             |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Name of person from whom amount is received   | 8 Amount (\$)                         |
|   | 6 Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |                                       |

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

## SCHEDULE T

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |  |
| <b>5</b> Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |   |  |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |  |
|  | <b>8</b> Departure city or name of departure location                               |  |
|  | <b>9</b> Destination city or name of destination location                           |  |
| <b>10</b> Means of transportation  | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS          |   |  |
| Dates of travel  | Name of person(s) traveling   |  |
|  | Departure city or name of departure location  |  |
|  | Destination city or name of destination location                                    |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)           |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS          |   |  |
| Dates of travel  | Name of person(s) traveling   |  |
|  | Departure city or name of departure location  |  |
|  | Destination city or name of destination location                                    |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)           |  |

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# 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 Filer ID (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