CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER PHONE** Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST М **TREASURER** NAME Date Processed NICKNAME LAST SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year **COVERED** THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| | | | | | |
|---|--|--|--|--|--|
| 15 C/OH NAME | | | 16 Filer ID (Ethics Commission Filers) | | |
| 17 CONTRIBUTION TOTALS | | LITICAL CONTRIBUTIONS (OTHER SUARANTEES OF LOANS, OR ELECTRONICALLY) | THAN \$ | | |
| | 2. TOTAL POLITICAL CON (OTHER THAN PLEDGES, | ITRIBUTIONS LOANS, OR GUARANTEES OF LOA | ans) \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLI | ITICAL EXPENDITURE. | \$ | | |
| | 4. TOTAL POLITICAL EXP | ENDITURES | \$ | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTR OF REPORTING PERIOD | RIBUTIONS MAINTAINED AS OF THE | LAST DAY \$ | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT | NT OF ALL OUTSTANDING LOANS A RTING PERIOD | S OF THE \$ | | |
| 18 SIGNATURE 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 o | f Candidate or Officeholder | | |
| | Please co | mplete either option be | low: | | |
| (1) Affidavit | | | | | |
| NOTARY STAMP/SEAL | | | | | |
| Sworn to and subscribed I | pefore me by | this | the, | | |
| 20, to certify v | hich, witness my hand and seal of offic | | | | |
| Signature of officer administer | ng oath Printed name o | of officer administering oath | Title of officer administering oath | | |
| | | OR | | | |
| (2) Unsworn Declaratio | n | | | | |
| My name is | | and my date of birt | h is | | |
| My address is | | | ·,, | | |
| | (street) | (city) | (state) (zip code) (country) | | |
| Executed in | County, State of | , on theday of | onth) , 20 | | |
| | | Signature of Ca | andidate/Officeholder (Declarant) | | |

SUBTOTALS - C/OH

FORM C/OH

| | | COVER | SHEET PG 3 |
|------------|---|------------------------|--------------------|
| 19 FILER N | AME | 20 Filer ID (Ethics Co | mmission Filers) |
| | JLE SUBTOTALS F SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | SCHEDULE E: LOANS | | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | IDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED | \$ |
| | | | |
| | | | i |
| | | | |
| | | | |
| | | | |
| | | | : |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| _ | | | | | |
|---|-----------------|---------------------------------------|-------------------|-------------------------|---------------------------------------|
| | The | Instruction Gulde explains how | v to complete thi | s form. | 1 Total pages Schedule A1: |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 | Date | 5 Full name of contributor | out-of-state PA | C (ID#:) | 7 Amount of contribution (\$) |
| | | 6 Contributor address; | | State; Zip Code | |
| 8 | Principal occu | pation / Job title (See Instructions) | , | 9 Employer (See Instruc | ictions) |
| | Date | Full name of contributor | out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| | | Contributor address; | City; | State; Zip Code | |
| | Principal occup | eation / Job title (See Instructions) | | Employer (See Instruc | I tions) |
| | Date | Full name of contributor | out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| | | | | State; Zip Code | |
| | Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | I Stions) |
| | Date | Full name of contributor | out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| | | Contributor address; | City; | State; Zip Code | |
| F | Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | etions) |
| | | ATTACH ADDIT | IONAL CODIES | OF THIS SCHEDULE AS N | JEEDED |
| | | If contributor is out-of-state PAC | | | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| ii iiio ioqu | notes mornation to not applicable, be not more | ie tilia page | in the report. | |
|-------------------|---|---------------|--------------------------------|--|
| TI | he Instruction Gulde explains how to complete this for | n. | 1 Total pages Sched | lule A2: |
| 2 FILER NAM | IE | | 3 Filer ID (Ethics Co | ommission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | |
| 5 Date | 6 Full name of contributor | | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; | Zip Code | Check if travel outs | |
| 10 Principal occ | cupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employe | er (FOR NON-JUDICI | AL)(See Instructions) |
| 12 Contributor's | s principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JU | DICIAL) (See Instructions) |
| 14 Contributor's | s employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor | | Amount of Contribution \$ | I In-kind contribution description |
| | Contributor address; City; State; | Zip Code | Check if travel outsi | de of Texas. Complete Schedule T, |
| Principal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICI | AL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | itor's job title (FOR JU | DICIAL) (See Instructions) |
| Contributor's | s employer/law firm (FOR JUDICIAL) | Law firm | of contributor's spou | se (if any) (FOR JUDICIAL) |
| If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL COPIES OF T | | | g requirements. |

PLEDGED CONTRIBUTIONS

SCHEDULE B

| T | he instruction Guide explains how to complete this | form. | 1 Total pages Sched | fule B: |
|-----------------|--|------------------|------------------------|--|
| 2 FILER NAM | DE | | 3 Filer ID (Ethics C | Commission Filers) |
| 4 TOTAL C | F UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor | | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; City; Stat | te; Zip Code | | 1 1 1 |
| | | 20 | Check if travel outs | I. ide of Texas. Complete Schedule 7 |
| 10 Principal oc | cupation / Job title (See Instructions) | 11 Employer (See | nstructions) | |
| Date | Full name of pledgor Out-of-state PAC (ID#: | | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; Stat | te; Zip Code | | |
| v | | | Check if travel outs | l . ide of Texas. Complete Schedule T |
| Principal occ | upation / Job title (See Instructions) | Employer (See | e Instructions) | |
| Date | Full name of pledgor | | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; Stat | e; Zip Code | | |
| | | | Check if travel outsi | de of Texas, Complete Schedule T. |
| Principal occ | cupation / Job title (See Instructions) | Employer (See | nstructions) | 516-116 |
| Date | Full name of pledgor | | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; | Zip Code | | |
| | | | Check if travel outsi | de of Texas. Complete Schedule T, |
| Principal occ | upation / Job title (See Instructions) | Employer (See | Instructions) | |
| | | - | | |
| | | | | |
| | | | | |
| | | | | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#: Is lender 10 Interest rate 8 Lender address; City; State; Zip Code a financiai Institution? 11 Maturity date Υ Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) out-of-state PAC (ID#: Interest rate Is lender City; State; Zip Code Lender address: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of quarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City: State; Zip Code not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | | ense jes/Contract Labor | Travel in District Travel Out Of Distric Other (enter a categ | |
|--|-------------|--|------------|----------------------------|---|----------------------|
| 1 Total pages Schedule F1: | 2 FILER N. | | | Thiere this form. | 2 50 10 (5st) | . 0 |
| rotal pages Schedule (1) | 2 FILER IV | AIVIE | | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee na | me | | | | |
| 6 Amount (\$) | 7 Payee ad | dress; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Categor | y (See Categories listed at the top of this | | (b) Description | | |
| | | Check if travel outside of Texas, Complete Se | chequie (, | Check if Aus | stin, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | ate / Officeholder name | | Office sought | | Office held |
| Date | Payee na | me | | | | |
| Amount (\$) | Payee ad | dress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this so | chedule) | Description | | |
| | | Check if travel outside of Texas. Complete Sc | chedule T, | Check if Aus | ilin, TX, officeholder living | expense |
| Complete ONLY If direct expenditure to benefit C/OH | | ate / Officeholder name | | Office sought | | Office held |
| Date | Payee na | me | | | | |
| Amount (\$) | Payee ad | dress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this so | chedule) | Description | | |
| | | Check if travel outside of Texas. Complete Sci | hedule T. | Check if Aust | tin, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candida | ite / Officeholder name | | Office sought | | Office held |
| | ATT | ACH ADDITIONAL COPIES | OF THIS SC | HEDULE AS NE | EDED | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

if the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Relmbursement

| Accounting/Banking Consulting Expense | Fees Food/Beverage Expense | Office Overhead/Rental Expense Polling Expense | Transportation Equipment & Related Expense Trevel In Olstrict |
|--|--|---|--|
| Contributions/Donations Made 8 Candidate/Officeholder/Politica | y Gift/Awards/Memorials Expense | Printing Expense Salaries/Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
| | · | ins how to complete this form. | Other (entier a category not listed above) |
| 1 Total pages Schedule F2: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITER | MIZED UNPAID INCURRED OBL | IGATIONS | \$ |
| 5 Date | 6 Payee name | | |
| 7 Amount (\$) | 8 Payee address; | City; | State; Zip Code |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | |
| 10 | (a) Category (See Categories listed at the top of th | is schedule) (b) Description | |
| PURPOSE | | ļ | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete | Schedule T. Check if Aus | tin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE | Category (See Categories listed at the top of thi | is schedule) Description | |
| OF Expenditure | | | |
| | Check if travel outside of Texas. Complete | Schedule T. Check if Au | stin, 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 NE | EDED |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| 1 | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: |
|--------------|---|---------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; City | |
| | 7 Description of investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; City | ; State; Zip Code |
| 88 . | Description of investment | |
| | Amount of investment (\$) | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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/Wooss/Contract Labor

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

| Contributions/Donations Made Candidate/Officeholder/Polit | | s/Memorials Expense rices | | Expense Wages/Contri | | Fravel Out Of District Other (enter a category | u pot listed phous |
|--|----------------------------------|-------------------------------|---------------|-------------------------|--------------------|---|--------------------|
| ľ | Guide explains how to co | | | | | ACH CREDIT CARE | 77.60 |
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME | | | | | 3 FILER ID (Ethics | Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXP | PENDITURES CHARGED TO A | CREDIT CARD | | | | \$ | |
| S CREDIT CARD ISSUER | Name of financial institut | ion | | - | | | |
| 6 PAYMENT | (a) Amount Charged \$ | (b) Date Expenditu | ire Charged | (c) Date(s) (| Credit Card Issue | r Paid | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | dress; | City | , State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE Political | (a) Category (See Categories lis | sted at the top of this sche | dule) | (b) Descript | tion | | |
| Non-Political | (c) Check if travel out | side of Texas. Complet | e Schedule T. | | Check if Austin, | TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | Ice Sought | | Office Held | |
| PAYMENT | (a) Amount Charged | (b) Date Expenditu | re Charged | (c) Date(s) (| Credit Card Issuer | Paid | |
| PAYEE | (a) Payee name | | (b) Payee add | dress; | City | , State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories lis | ited at the top of this sched | Jule) | (b) Descript | ion | | : |
| Non-Political | (c) Check if travel out | side of Texas. Complete | e Schedule T. | | Check if Austin, | TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder r | name | Off | ice Sought | | Office Held | |
| PAYMENT | (a) Amount Charged | (b) Date Expenditu | re Charged | (c) Date(s) C | Credit Card Issuer | Paid | |
| PAYEE | (a) Payee name | | (b) Payee add | dress; | City | State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories lis | ted at the top of this sched | lule) | (b) Descripti | ion | • | |
| Non-Political | (c) Check if travel out: | side of Texas. Complete | Schedule T. | | Check if Austi | n, TX, officeholder livin | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder r | ame | Offi | ice Sought | | Office Held | ., |
| | ATTACH ADDIT | IONAL COPIES | of THIS | SCHEDUL | E AS NEEDI | ĒD | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Relmbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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)

| Credit Card Payment | The Instruction Guide explains how t | o complete this form. | and (arial a delegary not noted | 100107 |
|---|--|-----------------------|---------------------------------|------------|
| 1 Total pages Schedule H: | 2 FILER NAME | | 3 Filer ID (Ethics Commission | on Filers) |
| 4 Date | 5 Business name | | | |
| 6 Amount (\$) | 7 Business address; | City; | State; Zip C | ode |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | (C) Check if travel outside of Texas, Complete Schedule T. | Check if Austin | TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held | i |
| Date | Business name | | | |
| Amount (\$) | Business address; | City; | State; Zip C | ode |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | I |
| Date | Business name | | | |
| Amount (\$) | Business address; | City; | State; Zip C | ode |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | ı |
| | ATTACH ADDITIONAL CODIES OF THIS | CCUEDIII E AS NEED |)ED | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | The Instruction Guide explains how to complete this form. | | | | | |
|------------------------------|--|---------------------------------|-----------------------------|--------------------|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | | 3 Filer ID (Ethics | 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 required.) | instructions regarding type | of information | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; | City | State | Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See required.) | instructions regarding type | of information | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; | City | State | Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See required.) | instructions regarding type | of Information | | |
| Date | Рауее лате | | , | | | |
| Amount (\$) | Payee address; | City | State | Zip Code | | |
| PURPOSE OF Expenditure | Category (See instructions for examples of acceptable categories.) | Description (See required.) | instructions regarding type | of information | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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

SCHEDULE K

| The In | struction 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; Stat | te; Zip Code | |
| 7 | Purpose for which amount is received Check if p | political contribution returned to filer | |
| Date | Name of person from whom amount is received | Amount (\$) | |
| | Address of person from whom amount is received; City; Sta | ite; Zip Code | |
| | Purpose for which amount is received Check if p | 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 | e; Zip Code | |
| | Purpose for which amount is received Check if p | political contribution returned to filer | |
| Date | Name of person from whom amount is received | Amount (\$) | |
| | Address of person from whom amount is received; City; Stat | te; Zip Code | |
| | Purpose for which amount is received Check if p | political contribution returned to filer | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED | |

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

SCHEDULE T

| If the requested i | nformation | is not ap | plicable, DO NO | T include this | page i | in the report. | | | | |
|---|---|------------------------------|---------------------------|----------------|---------------------------------------|---------------------------|---------------|--|--|--|
| The instr | uction Guid | | 1 Total pages Schedule T: | | | | | | | |
| 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 Name of Contributor | / Corporation | or Labor (| Organization / Pledg | or / Payee | | | | | | |
| 5 Contribution / Expending Schedule A2 | Sch | d on: edule B edule F4 | Schedule B(| J) Schedu | | Schedule D Schedule COH-L | Schedule F1 | | | |
| 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 / Expend | diture reporte | on: | | | | | | | | |
| Schedule A2 | | | | | | | | | | |
| Schedule F2 | G. G | | | | | | | | | |
| 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 / Expend | liture reported | on: | | | | <u></u> | | | | |
| Schedule A2 | Schedu | ıle B [| Schedule B(J) | Schedule (| C2 [| Schedule D | Schedule F1 | | | |
| Schedule F2 | Schedu | ıle F4 [| Schedule G | Schedule F | 4 | Schedule COH-UC | Schedule B-SS | | | |
| Dates of travel | Dates of travel Name of person(s) traveling | | | | | | | | | |
| | Departure city or name of departure location | | | | | | | | | |
| Destination city or name of destination location | | | | | | | | | | |
| Means of transportat | Purpose of travel (including name of conference, seminar, or other event) | | | | | | | | | |
| | A | TACH A | DITIONAL COPIE | S OF THIS SCH | EDULE | 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 N | NAME 2 Filer ID (Ethics Commission Filers) |
| 3 | SIGNA | ATT IDE |
| | I do not designa | t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file. |
| | | Signature of Candidate / Officeholder |
| 4 | | WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. •• |
| | A. | CAMPAIGN FUNDS |
| | Chec | k 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. |
| | В. | ASSETS |
| | Chec | k 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 | | EHOLDER plete this section <i>only</i> 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 |



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

| | | | | - 1 | | |
|---|--|--|--------------------------------------|-------------------|-----------------------------|---------------------------------------|
| Ап ехетр | ort. | Date Hand-delivered or Date Postmarked | | | | |
| Beginning on January 1, 2024, a \$32,810 in political contributions in <u>any</u> calendar year must file all | or made more tha | an \$32,810 in p | political expenditu | han ires | Receipt # | Amount\$ |
| | | | | ı | Date Processed | |
| Filer name | - | Filer ID # | | | Date Imaged | |
| I swear or affirm that I have more than \$32,810 in political controls. | e not accepted i | more than \$3 es in a calend | 2,810 in politica ar year. | l con | tributions o | r made |
| 2. I further swear or affirm the contributions, political expe | at I do not use c enditures, or pe | computer equi rsons making | ipment to keep of political contrib | curre oution | nt records o s to me. | of political |
| I further swear or affirm the contract, uses computer e expenditures, or persons r | quipment to kee | ep current rec | ords of political | nt, an contr | d no persor ibutions, po | n with whom I olitical |
| I further swear or affirm the electronically if I, my agent contributions or political ex records of political contributions. | t or consultant, o openditures in a | or a person w calendar vea | rith whom I cont or, or uses comp | ract e outer (| exceeds \$3: | 2,810 in political to keep current |
| I am filing this affidavit with I understand that this affide claiming an exemption from | n theavit is required t | to be filed wit | report due on | • | | |
| Please complete either op | otion below: | | | | | |
| (1) Affidavit | | | | | | |
| | | | | Ciar | turn of Files | |
| NOTARY STAMP/SEAL | | | | Signa | ture of Filer | |

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

Signature of Filer (Declarant)

OFFICE USE ONLY

Date Received