The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	NICKNAME	Albert LAST Cardenas		D. SUFFIX	Date Received	etary's (
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 608 N. 9th St.		CITY: STATE: IcAllen TX	zip code 78501	Date 12/	etary's ( Reaelived /13/2012
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 342-8469	EXTEN	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Sofia		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Peña		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (1 723 W. Fern	NO PO BOX PLEASE); APT / SI	UITE #: CITY McAlle		STATE; TX	zip code 78501
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	SION		
9 REPORT TYPE	January 15	30th day before e	ction Ex	unoff ceeded Modified	(Officeholde	
10 PERIOD COVERED	Month 07 /	Day Year 01 / 2022	THROUGH	Month	Day Year	
11 ELECTION	ELECTION DAT	E Year Primary	Runoff	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) Public Utility E	oard Trustee - Place		SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS HOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIN COMMITTEE NAME	MAY HAVE BEEN MADE	WITHOUT THE CAND	DATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages		COMMITTEE CAMPAIGN TRE				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	<b>16</b> F	iler ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS								
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$						
	4. TOTAL POLITICAL EXPENDITURES	\$						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<pre>( \$</pre>						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$						
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information						
	juired to be reported by me under Title 15, Election Code.							
	Signature of Candidat	te or Officeholder						
	Discos comulato sittem antiam halann							
	EDITH SHELTON							
OTHEN P.G.	Notary Public							
	STATE OF TEXAS							
(1) Affidavit	Notary ID# 13042695-7 My Comm. Exp. 11-02-2023							
	My Comm. Exp. 11-02-2020							
NOTARY STAMP/SEAL								
Sworn to and subscribed	before me by Albert D. Cardenas this the 13t	t day of December						
201.44		uay or <u>LA SAFTUNT</u> ,						
20 20 4 to certify	which, witness my hand and seal of office.	pritup Arch						
Signature of officer administe	ring of the Drinted name of atting administration and	Title of officer administering anth						
		Title of officer administering oath						
	OR							
(2) Unsworn Declaratio	DN							
My name is	, and my date of birth is							
My address is		,,,						
	(street) (city) (state)	(zip code) (country)						
Executed in	County, State of, on the day of(month)	, 20 (year)						
	(month)	(year)						
	Signature of Candidate/O	fficeholder (Declarant)						

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# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)

#### 19 FILER NAME

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21 SCHEDULE SUBTOTALS NAME OF 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 CONTRIBUTIONS	\$
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 FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
'	

# MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

	The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date		f-state PAC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date	Full name of contributor Out-o	f-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor 🛛 out-o	f-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor 🛛 out-o	f-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
		ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS N see Instruction guide for additional i	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCHEDULE A2

τı	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	E		<b>3</b> Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$   description			
	7 Contributor address; City; State;	Zip Code				
			Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (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   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code				
			Check if travel outside of Texas. Complete Schedule T.			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi					
1						

## PLEDGED CONTRIBUTIONS

.

SCHEDULE B

	The	Instruction Guide explains how to complete th	1 Total pages Schedule B:				
2	FILER NAME		3 Filer ID (Ethics C	commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES		\$			
5	Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description		
		<b>7</b> Pledgor address; City; S			      .		
				Check if travel outs	ide of Texas. Complete Schedule T.		
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)			
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; S					
				Check if travel outs	  . ide of Texas, Complete Schedule T.		
	Principal occur	bation / Job title (See Instructions)	Employer (See				
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution   description 		
		Pledgor address; City; S	State; Zip Code		   		
			- <b>1</b>	Check if travel outs	ide of Texas. Complete Schedule T.		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	l In-kind contribution   description		
		Pledgor address; City; Sta	te; Zip Code				
				Check if travel outs	   ide of Texas. Complete Schedule T.		
	Principal occup	bation / Job title (See Instructions)	Employer (See	Instructions)			
	lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins			ı requirements.		
For	ms provided by	Texas Ethics Commission www.ethio	cs.state.tx.us		Revised 8/17/2020		

#### LOANS

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## SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED 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 11 Maturity date
YN			
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
🗌 none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
🔲 not applicable			
Principal Occupat	I ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

#### 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)**

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 The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Nains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		ement & Related Expense	
<b>1</b> Total pages Schedule F1:	2 FILER N	AME				3 Filer II	D (Ethics	s Commission Filers)
4 Date	5 Payee na	ame						
6 Amount (\$)	7 Payee a	ddress;			City;	S	itate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description			scription				
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.		Check if Austin	n, TX, officeho	older living	a expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Offi	ce sought			Office held
Date	Payee na	ime						
Amount (\$)	Payee ad	ldress;			City;	S	itate;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this so	chedule)	De	scription			
		Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austin	n, TX, officeho	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Offi	ce sought			Office held
Date	Payee n	ame						
Amount (\$)	Payee ad	ldress;			City;	S	itate;	Zip Code
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this so</li> </ul>	chedule)	De	scription			
		Check if travel outside of Texas. Complete Sci	hedule T.		Check if Austin	n, TX, officeho	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Off	ice sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHED	ULE AS NEE	DED		

# UNPAID INCURRED OBLIGATIONS

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# 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	vent Expense ses bod/Beverage Expense ift/Awards/Memorials Expens agal Services The Instruction Guide ex	e Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense			
1 Total pages Schedule F2:	2 FILER NA	ME			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL OF UNITEN			BLIGATION	S	\$			
5 Date	6 Payee na	ne			I			
7 Amount (\$)	8 Payee ad	dress;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	Pol	tical	Non-Po	itical				
10 PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the top	of this schedule)	(b) Description				
	( <b>c)</b> Ch	eck if travel outside of Texas. Com	plete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	ə 0	ffice sought	Office held	2		
Date	Payee na	ne						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
TYPE OF EXPENDITURE	Pol	tical	Non-Po	litical				
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top	of this schedule)	Description				
		heck if travel outside of Texas. Cor	nplete Schedule T.	Check if Au	ustin, TX, officeholder living e	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	e C	ffice sought	Office hel	d		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

Forms provided by Texas Ethics Commission

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F3

he Instruction Guide explains how to complete this form.				
	3	Filer ID (	Ethics Commiss	ion Filers)
5 Name of person from whom investment is purchased				
<b>6</b> Address of person from whom investment is purchased;	City;		State;	Zip Code
7 Description of investment	,			
8 Amount of investment (\$)				
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 (\$)				
	Address of person from whom investment is purchased;     Description of investment     Amount of investment (\$)     Name of person from whom investment is purchased     Address of person from whom investment is purchased;     Description of investment	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 (\$)         Name of person from whom investment is purchased       City;         Address of person from whom investment is purchased       City;         Description of investment       Description of investment is purchased         Address of person from whom investment is purchased;       City;         Description of investment       Description of investment	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 (\$)         Name of person from whom investment is purchased         Address of person from whom investment is purchased         Description of investment (\$)         Description of investment is purchased         Description of investment is purchased;         City;	6       Address of person from whom investment is purchased;       City;       State;         7       Description of investment          8       Amount of investment (\$)          Name of person from whom investment is purchased           Address of person from whom investment is purchased;       City;       State;         Description of investment           Description of investment

Forms provided by Texas Ethics Commission

# EXPENDITURES MADE BY CREDIT CARD

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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
		The Instruction Guide e	xplains how to co	omplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARC	GEDTOACR	EDIT CARD	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Con	mplete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	e Of	ffice sought	Office he	ld	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE		Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	Y (See Categories listed at the top	o of this schedule)	Description			
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Au	ustin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	e O	ffice sought	Office he	əld	
		CH ADDITIONAL COPI		CHEDULE AS NE			
Forms provided by Texas Ethics	s Commission	www.et	hics.state.tx.us			Revised 8/17/2020	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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## 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       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4 Date	<b>5</b> Payee name	me						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description				
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
9	Candic	ate / Officeholder name		Office sought	(	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
Date	Payee na	ne						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF	Category	(See Categories listed at the top of this s	chedule)	Description				
EXPENDITURE		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held		
Date	Payee nar	ne						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	ate / Officeholder name		Office sought	(	Office held		
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

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

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SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		Event Expense Fees Cod/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER N				3 Filer ID (Et	hics Commission Filers)	
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;		City;	State	e; Zip Code	
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin,	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State	e; Zip Code	
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			ng expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State	e; Zip Code	
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				ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE

	The Instruction Guide explains how to cor	nplete this form.		
<b>1</b> Total pages Schedule I:	2 FILER NAME	<b>3</b> F	iler ID (Ethics C	ommission Filers)
4 Date	5 Payee name	I		
<b>6</b> Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instruct required.)	ions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct required.)	ions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct required.)	ions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct required.)	ions regarding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS			

1	ST, CREDITS, GAINS, REFUNDS, AND IBUTIONS RETURNED TO FILER	SCHEDULE K				
If the reque	If the requested information is not applicable, DO NOT include this page in the report.					
The	1 Total pages Schedule K:					
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics					
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City; Sta	ite; Zip Code				
	7 Purpose for which amount is received 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; St	ate; Zip Code				
	Purpose for which amount is received 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; Sta	ite; Zip Code				
	Purpose for which amount is received 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; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

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SCHEDULE T

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation	or Labor Organization / Pl	edgor / Payee			
5 Contribution / Expend	iture reported	l on:				
Schedule A2						
				Schedule D Schedule F1		
Schedule F2	ule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6 Dates of travel	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 / Pl	edgor / Payee			
Contribution / Expend	iture reported	l on:				
Schedule A2	Sche	edule B Schedule	B(J) Schedule C2			
				Schedule D Schedule F1		
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC 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 (includi			luding name of conference, s	ing name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	le B Schedule B	J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu		Schedule H	Schedule COH-UC 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)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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# FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
		•• Complete only if "Report Type" on page 1 is marked "Fina	I Report" ••			
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	URE				
	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.					
4	• FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> if you are not an officeholder. ••					
	Α.	CAMPAIGN FUNDS				
	Check	only one:				
		I do not have unexpended contributions or unexpended interest or income earned fro	om 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 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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on 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.					
		S	ignature of Candidate			
5	<ul> <li>5 OFFICEHOLDER</li> <li>•• Complete this section <i>only</i> if you are an officeholder ••</li> </ul>					
	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.					
		Si	gnature of Officeholder			