CAMPAIG		ORM C/OH HEET PG 1				
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethi	cs Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Rodolfo		MI		USE ONLY
	NICKNAME	LAST		SUFFIX	Date Received	
	"Rudy"	Castillo			Mil. S.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2619 S. 41st L	Total a la seconda de la companya de	cAllen TX	78503	cuy a	eretary's Rusivid 1-14-202
Change of Address					Date_	1-16-202
5 CANDIDATE/ OFFICEHOLDER PHONE	( 956 )	PHONE NUMBER 522-1228	EXTE	NOION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME		Self			Date Processed	
TVAIVIE	NICKNAME	LAST		SUFFIX	Data Israel	
					Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #; C	ITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION		
9 REPORT TYPE	X January 15	30th day before e	election	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ouon	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
OOVERED	07	/ 01 / 2022	THROUGH	12 /	/ 31 / 202	2
11 ELECTION	ELECTION DA	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFI	CE SOUGHT (if known	)	
- 011102	City Commissi	oner District 4		(	,	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	EE OF POLITICAL CONTRIBUTIONS EEHOLDER. THESE EXPENDITURE: AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	DE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
,		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	5		
		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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	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 LAS OF REPORTING PERIOD	ST DAY \$ 400 06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
(1) Affidavit	Please complete either option below	Perla E
NOTARY STAMP/SEA		.,
_	before me by Zodo/Fo Rudy Castillo this the	day of JANUARY
20 to pertify Signature of officer administer	which, witness my hand and seal of office.  Peric E Lara  ring oath  Printed name of officer administering oath	Notary Title of officer administering oath
	OR	Title of officer administering dati
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
E		state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER	AME	20 Filer ID (Ethics Co	mmission Filers)					
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT					
1.	\$							
2.	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	NDS	\$					
10.	\$							
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS							
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER							

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	-			
	The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2	FILER NAME	,	3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-sta	ate 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	ate PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			•	
		ATTACH ADDITIONAL COR If contributor is out-of-state PAC, please see	PIES OF THIS SCHEDULE AS No Instruction guide for additional	

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

	Th	e Instruction Guide explains how to complete this form	n.		1 Total pages Schedule A2:			
2	FILER NAME	≣			3 Filer ID (Ethics Co	mmission Filers)		
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUT	IONS	\$			
5	Date	6 Full name of contributor		)	8 Amount of Contribution \$	9 In-kind contribution description		
		7 Contributor address; City; State;	Zip C	Code	Check if travel outsi	de of Texas. Complete Schedule T.		
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
12	Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14	Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Date	Full name of contributor	Zip (	) Code	Amount of Contribution \$	In-kind contribution description		
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T.  Employer (FOR NON-JUDICIAL) (See Instructions)					
	Contributor's	principal occupation (FOR JUDICIAL)		Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
		ATTACH ADDITIONAL COPIES OF T	HIS	SCHEDI	II F AS NEEDED			
		ATTACH ADDITIONAL COPIES OF T				r requirements		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

	The	Instruction Guide explain	s how to complete	this for	rm.	1 Total pages Sched	ule B:
2	FILER NAME					3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES			\$	
5	Date	6 Full name of pledgor	out-of-state PAC (IE	8 Amount of Pledge \$	9 In-kind contribution description		
		7 Pledgor address;			Zip Code		
						Check if travel outs	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	ctions)	11	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (II			Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City;		Zip Code		
						Check if travel outs	de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	ctions)		Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (II			Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City;		Zip Code		
						Check if travel outs	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instru	ctions)		Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (III	D#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; S	State;	Zip Code		
						Check if travel outs	de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	ctions)		Employer (See	Instructions)	
	If o	ATTACH contributor is out-of-stat	ADDITIONAL COP PAC, please see				requirements.

#### **LOANS** SCHEDULE E

	If the requested	information is not applicable, D	ON O	T include this p	page in the re	eport.
	The	Instruction Guide explains how to	compl	ete this form.		1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender out-	)	9 Loan Amount (\$)		
	Is lender a financial Institution?	8 Lender address; City	y;	State;	Zip Code	10 Interest rate  11 Maturity date
	Y N					11 Maturity date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (Se	ee Instructions)	-
14	Description of Coll	ateral			ck if personal fur unt (See Instruc	nds were deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
		18 Guarantor address; City		State;		•
	not applicable					
20	Principal Occupat	ion (See Instructions)		21 Employer (Se	ee Instructions)	
	Date of loan	Name of lender	-of-state I	PAC (ID#:	)	Loan Amount (\$)
	Is lender a financial	Lender address; Cit	y;	State	Zip Code	Interest rate
	Institution? Y N					Maturity date
	Principal occupation	on / Job title (See Instructions)		Employer (S	ee Instructions)	
	Description of Colling	ateral			ck if personal fur unt (See Instruc	nds were deposited into political
	GUARANTOR INFORMATION	Name of guarantor		1		Amount Guaranteed (\$)
		Guarantor address; Cit	ty;	State	; Zip Code	
_	not applicable	on (See Instructions)		Employer (0	no Instructions	
	Enncipal Occupati	on (See Instructions)		⊏mployer (S	ee Instructions)	
	If le	ATTACH ADDITIONA nder is out-of-state PAC, please				

### 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica					Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	omplete this form.							
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethio	D (Ethics Commission Filers)		
4 Date	5 Payee na	me						
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s		(b) Description				
Complete ONLY if direct expenditure to benefit C/OF		Check if travel outside of Texas. Complete So ate / Officeholder name	chedule 1.	Office sought	in, TX, officeholder livin	Office held		
Date	Payee na	me						
Amount (\$)	Payee ac	ldress;		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 Aust	in, TX, officeholder livir	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
Amount (\$)	Payee ad	ddress;		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 Aust	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE 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/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

т	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; Cit	y; State; Zip Code
	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	y; State; Zip Code
	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 The Instruction Guide exp	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/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 F4:	2 FILER	NAME			3 Filer ID (E	Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACR	EDIT CARD	\$		
5 Date	6 Payee	name			,		
7 Amount (\$)	8 Payee	address;		City;	Sta	te;	Zip Code
9 TYPE OF EXPENDITURE	F	Political	Non-Pol	litical			
10 PURPOSE OF EXPENDITURE	(a) Category	y (See Categories listed at the top of	this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Au	stin, TX, officehold	der living e	xpense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	ffice sought	0	ffice held	d
Date	Payee	name	,				
Amount (\$)	Payee	address;		City;	Sta	te;	Zip Code
TYPE OF EXPENDITURE	F	Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of	this schedule)	Description			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Au	ustin, TX, officehol	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	0	ffice sought	O	office hel	d
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel In District Travel Out Of District Other (enter a categor	Travel In District		
Ground aymon								
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee na	me	•					
6 Amount (\$)	7 Payee ad	dress;	State;	Zip Code				
political contributions intended								
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description				
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aus	tin, TX, officeholder living ex	rpense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held		
Date	Payee nai	me						
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	schedule)	Description				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name		Office sought		Office held		
Date	Payee nai	me						
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	schedule)	Description				
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aus	tin, TX, officeholder living ex	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candio	late / Officeholder name		Office sought		Office held		
	ATTA	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEE	DED			

## 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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributing Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		e Legal Services Folling Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		se s/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER N				3 Filer II	D (Ethics	Commission Filers)	
4 Date	5 Business	s name						
6 Amount (\$)	<b>7</b> Business	s address;		City;		State;	Zip Code	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so		Description				
9 Complete ONLY if direct expenditure to benefit C/O	Candid	Check if travel outside of Texas. Complete Sch late / Officeholder name		Check if Austin,	TX, officehol		Office held	
Date	Business	s name						
Amount (\$)	Business	s address;		City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description				
		Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officehold	der living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Offic	e sought		(	Office held	
Date	Business	s name						
Amount (\$)	Business	s address;		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 Sch	nedule T.	Check if Austin,	TX, officehol	der living ex	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Offic	e sought			Office held	
	ATT	ACH ADDITIONAL COPIES (	OF THIS SCH	EDULE AS NEE[	DED			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission 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.)	e instructions regar	ding 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 (Secrequired.)	e instructions regal	ding 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 (Serequired.)	e instructions rega	rding 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 (Se required.)	e instructions rega	rding type of	information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

#### SCHEDULE K

i the requested information to not applicable, <b>50 No.1 include</b> time <b>page</b> in the report.					
	The Instruction Guide explains how to complete this form.		dule K:		
2	FILER NAME		3 Filer ID (Ethics	s 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	re; 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	te; 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	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; Sta	tte; 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 in	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
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 / Pledgor / Payee					
5 Contribution / Expend Schedule A2 Schedule F2	diture reported on:  Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
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 reported on:					
Schedule A2	Schedule 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	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	e, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedule 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 transportat	Purpose of travel (including name of conference	e, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	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.				
		Signatur	re of Candidate / Officeholder		
4		FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder			
	A.	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 not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended		
	В.	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 that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to		
		s	ignature of Candidate		
5		HOLDER  olete 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 defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as		
		Si	gnature of Officeholder		