		CEHOLDER				ORM C/OH	
The C/OH Instruction (1 Filer ID (Ethics	Commission Filers)	2 Total pages		
3 CANDIDATE /	MS / MRS / MR	FIRST		мі	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr.	Ernest LAST Williams		R.	Date Received	retary's (
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2400 N. 10th s		CITY; STATE; MCAllen TX	zip code 78504	Det 1	retary's (Received 2/13/2026	
Change of Address	4854 0085				Julie annin		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	225-6675	EXTENS	SION	Date Hand-deliver	ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST Raymond		MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST Jenkins		SUFFIX	Date Imaged		
CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CIT	(;	STATE;	ZIP CODE	
TREASURER ADDRESS	2600 N. 10th	St.	McA	llen	ТХ	78501	
(Residence or Business)							
CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER	EXTENS	SION			
REPORT TYPE	January 15	30th day before	election Ru	inoff	treasurer	after campaign appointment	
	July 15	8th day before el		ceeded Modified porting Limit	(Officehol	ort (Attach C/OH - FR)	
0 PERIOD COVERED	Month	Day Year		Month	Day Ye	ar	
COVERED	07/	01 / 2022	THROUGH	12,	/ 31 / 20)22	
1 ELECTION	ELECTION DAT			ELECTION TYPE			
	Month Day	Year Primary	Runoff	Other Description			
		General	Special				
2 OFFICE	OFFICE HELD (if any)	I	13 OFFICE	SOUGHT (if known	ו)		
	Public Utility E	Board Trustee - Plac	e D				
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TR					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	1. 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	\$						
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 150-					
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$					
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information					
Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. 10-18-2024							
Sworn to and subscribed	before me by Ernest Williams this the	13th day of December,					
20 <u>22</u> , to certify	which, witness my hand and seal of office.	1 htory					
Signature of officer administr		Title of officer administering oath					
	OR						
(2) Unsworn Declarati	on						
My name is	, and my date of birth is						
My address is							
		tate) (zip code) (country)					
Executed in	County, State of, on the day of (month), 20 (year)					
	Signature of Candid	ate/Officeholder (Declarant)					

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 complete this	s form.		1 Total pages Schedule A1:
2 1	FILER NAME					3 Filer ID (Ethics Commission Filers)
4 1	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;			
8	Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruc	tions)
C	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State;	 N. Schröderer, K. Schleicher, N. A. Arthreich, J. P. Andrewski, N. S. Schleicher, Schleicher, N. S. Schleicher, S	
Ρ	rincipal occup	ation / Job title (See Instructions)		Emplo	l oyer (See Instruc	tions)
[Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State;		
Ρ	Principal occup	pation / Job title (See Instructions)		Emplo	byer (See Instruc	tions)
C	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;		Zip Code	
Ρ	rincipal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
		ς.				
		ATTACH ADDIT If contributor is out-of-state PAC	ONAL COPIES (), please see Instr			

NON-MONETARY	(IN-KIND)	POLITICAL
CONTRIBUTIONS		

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SCHEDULE A2

	Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2	FILER NAM	E	β.	3 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.			
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor'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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date	Full name of contributor Dout-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description			
		Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T.			
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi					

PLEDGED CONTRIBUTIONS

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SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED PLEDGES	\$			
5 Date 6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Pledge \$ description			
7 Pledgor address; City; State; Zip Code				
	I. Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions) 11 Employer (See	Instructions)			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zip Code				
	I. Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of In-kind contribution Pledge \$ description			
Pledgor address; City; State; Zip Code				
	I. Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of In-kind contribution Pledge \$ description			
Pledgor address; City; State; Zip Code				
	I. Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Employer (See				
ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for				

LOANS

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SCHEDULE E

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	NITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender Out-of-state F	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
YN			11 Maturity date			
12 Principal occupati	I on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Col	lateral	15 Check if personal fund	ds were deposited into political			
🗌 none		account (See Instruct				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 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 F	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	ions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 explain			Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	\boldsymbol{y} (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this set (See Categories listed at the top of top of the top of top of the top of top	chedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee ad	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	hedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

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SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Accounting/Banking Fees Office Overhead/Rental Exp						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 F2:	2 FILER	NAME				3 Filer ID (Ethics 0	Commission Filers)			
4 TOTAL OF UNITER	MIZED UN	PAID INCURE		GATION	S	\$				
5 Date	6 Payee	name								
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code			
9 TYPE OF EXPENDITURE	F F	Political		Non-Pol	itical					
10 PURPOSE OF EXPENDITURE	(a) Categor	Ŋ (See Categories listed	d at the top of this	schedule)	(b) Description					
	(c)	Check if travel outside of	Texas. Complete So	chedule T.	Check if Aus	stin, TX, officeholder living	expense			
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held										
Date	Payee	name								
Amount (\$)	Payee	address;			City;	State;	Zip Code			
TYPE OF EXPENDITURE	F F	Political		Non-Po	litical					
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed)	d at the top of this	schedule)	Description					
		Check if travel outside of	f Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH									
	ΑΤΤΑΟ	HADDITIONAL	COPIES O	F THIS S	CHEDULE AS NE	EDED				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020										

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1	Total pa	iges Sch	edule F3:	
2 FILER NAME		3	Filer ID	(Ethics	Commissior	n Filers)
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	у;		S	tate;	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	/;		S	itate;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED		

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SCHEDULE F4

		EXPENDITURE C	ATEGORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Over Polling Exp se Printing Exp		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
		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 CHAR	GEDTOACR	EDIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	litical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top	o of this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	ne Of	fice 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	$oldsymbol{\gamma}$ (See Categories listed at the to	p of this schedule)	Description		
		Check if travel outside of Texas. Co	omplete 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	ne Of	ffice sought	Office he	ld
	ΑΤΤΑ	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED	
Forms provided by Texas Ethics	Commission	www.e	thics.state.tx.us			Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BO	DX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead/Rer kpense xpense Vages/Con	mbursement ntal Expense tract Labor this form.	Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne					
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Des	scription		
EXPENDITORE	(c)	Check if travel outside of Texas. Complete Sch	nedule T.		Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office s	ought		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 so	chedule)	Des	scription		
		Check if travel outside of Texas. Complete Sch	nedule T.		Check if Austin	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office s	ought		Office held
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Des	cription		
		Check if travel outside of Texas. Complete Sch	nedule T.		Check if Austin	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office so	ought		Office held
	ATTA	CH ADDITIONAL COPIES OF	F THIS SC	CHEDUL	EASNEED	ED	

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

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SCHEDULE H

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fur Transportation Travel In Distric Travel Out Of E Other (enter a c	Equipment ct District	& Related Expense
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics Cor	mmission Filers)
4 Date	5 Business	s name					
6 Amount (\$)	7 Business	address;		City;	Sta	ate;	Zip Code
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 Se	chedule T.	Check if Austin,	TX, officeholder li	iving expensi	se
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Offi	ce held
Date	Business	; name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder li	ving expens	e
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Offic	ce held
Date	Business	; name					
Amount (\$)	Business	address;		City;	Sta	ite;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder li	iving expens	se .
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Offi	ce held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE |

	The Instruction Guide explains how to con	plete this form.		
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name	I		
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 instru- required.)	uctions regarding type of	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 instr required.)	uctions regarding type of	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 instr required.)	uctions regarding type of	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 instr required.)	uctions regarding type of	f information
	ATTACH ADDITIONAL COPIES OF THIS			

INTERE: CONTRI	SCHEDULE K		
If the reques	ted information is not applicable, DO NOT include this page i	n the report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	lule 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; Sta	te; 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; Sta	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	te; 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	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.						
2 FILER NAME					3 Filer ID (Ethics Commiss	sion Filers)
4 Name of Contributor /	Corporation	or Labor C	Organization / Pledgo	r / Payee	1	
5 Contribution / Expend	liture reported	on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	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 Destinat	ion city or	name of destination	location		
10 Means of transportati	ion	11 Purpo	ose of travel (including	g name of conference,	seminar, or other event)	
Name of Contributor	Corporation	or Labor C	Organization / Pledgo	r / Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	f person(s)	traveling			
	Departu	re city or n	ame of departure loc	ation		
	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 C	Organization / Pledgo	r / Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Schedu	ile B [Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu	ıle F4 [Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destinat	ion city or	name of destination	location		
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)				
	A	TACH AL	DDITIONAL COPIE	S OF THIS SCHEDUL	LE 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	
•		expect any further political contributions or political expenditures in connection with my candidacy. I understand that
	designa	ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any on contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder
	Α.	CAMPAIGN FUNDS
	Chec	conly 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 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.
	В.	ASSETS
	Chec	conly 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