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 FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** R. Mr. **Ernest** NAME Date Received LAST SUFFIX NICKNAME Williams ecretary's Office APT / SUITE #; CANDIDATE / ADDRESS / PO BOX; CITY; STATE; ZIP COD **OFFICEHOLDER** 2400 N. 10th St. McAllen, 78504 B. TX MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 225-6675 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN MI **TREASURER** Mr. Raymond Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **Jenkins** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE ZIP CODE **TREASURER** 2600 N. 10th St. 78501 McAllen, TX **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER PHONE** (956 330-6103 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) X July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 2025 01 01 2025 06 30 **THROUGH ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Public Utility Board Trustee - Place D THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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

| 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR SUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 18 SIGNATURE I swear, or affirm, under penalty of periury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Please complete either option below: Please complete either option below: 11) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed before me by | | | | |
|--|--------------------------------|--|---|--|
| PLEDGES, LOANS, OR QUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRORICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS) \$ EXPENDITURE 1. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL FOLITICAL EXPENDITURES 5. TOTAL FOLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF REPORTING PERIOD CONTSTANDING LOAN TOTALS 1. 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. Please complete either option below: Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by | 15 C/OH NAME | | 1 | 16 Filer ID (Ethics Commission Filers) |
| (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING 16. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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. Please complete either option below: 11) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by | | PLEDGES, LOANS, OR GUARANTEES C | F LOANS, OR | \$ |
| 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. Please complete either option below: 11) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me by | | | | \$ |
| CONTRIBUTION BALANCE OF REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STIPPERSON Is 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. Please complete either option below: Please complete either option below: 1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by | | 3. TOTAL UNITEMIZED POLITICAL EXPEN | DITURE. | \$ |
| OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me by | | 4. TOTAL POLITICAL EXPENDITURES | | \$ |
| AST DAY OF THE REPORTING PERIOD Iswear, 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. Please complete either option below: Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | NTAINED AS OF THE LAST | DAY \$ /50 |
| required to be reported by me under Title 15, Election Code. Ad Wallacom Signature of Candidate or Officeholder Please complete either option below: 1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | | THE \$ |
| Please complete either option below: **Please complete either option below:** **Please complete either option be | | | | and correct and includes all information |
| Please complete either option below: NOTARY STAMP/SEAL Sworn to and subscribed before me by | | , | \bigcirc 101 | / |
| Please complete either option below: NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | E A (1 /1) | 1 lliam |
| Please complete either option below: 1) Affidavit NOTARY STAMP/SEAL. Sworn to and subscribed before me by | | | Signature of Con | 50000 |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | Signature of Can- | didate of Officeholder |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | | |
| (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | | |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | | Please complete eit | her option below: | : |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | | |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | | |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | | | | |
| NOTARY STAMP/SEAL Sworn to and subscribed before me by | 1) Affidavit | | | |
| Sworn to and subscribed before me by | 1) Allidavit | | | |
| Sworn to and subscribed before me by | | | | |
| 20, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR 12) Unsworn Declaration My name is | NOTARY STAMP/SEA | | | |
| 20, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR 12) Unsworn Declaration My name is | | | | |
| Signature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is | Sworn to and subscribed | before me by | this the | , day of, |
| OR | 20, to certify | which, witness my hand and seal of office. | | |
| OR | Signature of officer administe | ring oath Printed name of officer admini | stering oath | Title of officer administering oath |
| 2) Unsworn Declaration My name is | | | J. C. | |
| My name is | | | | |
| (street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 | 2) Unsworn Declarati | , | | |
| (street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 | My name is ER | rost R Williams | , and my date of birth is _ | |
| (street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 | My address is 10 C | O E JONNIA | M'alla. | 77 78501- 1+1ch |
| Executed in County, State of , on the day of , 20 | | | | |
| | Executed in _ | | | |
| | | , | | 1(allier) |
| Signature of Candidate/Officeholder (Declarant) | | _ | Signature of Condida | tto/Officebolder (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 Filer ID (Ethics C | ommission Filers) |
|-----|--|--------------------|
| 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

SCHEDULE A1

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 A1: |
|---|-----------------|---------------------------------------|------------------|-------------------------|---------------------------------------|
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 | Date | 5 Full name of contributor | out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| | | 6 Contributor address; | City; | State; Zip Code | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 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 | nation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| | | Contributor address; | | State; Zip Code | |
| | Principal occup | eation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| | 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 Instruct | ions) |
| | | ATTACHARDITION | NAL CODIES | OF THIS SCHEDULE AS N | EEDED |
| | | ATTACHADDITION | TAL COPIES | A THIS SCHEDULE AS N | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | ТІ | ne Instruction Guide explains how to complete this form | n. | 1 Total pages Schedule A2: | | | |
|-----------------------------------|-------------|--|-------------|--------------------------------|--|--|--|
| 2 FII | ER NAM | E | | 3 Filer ID (Ethics Co | ommission Filers) | | |
| 4 T | OTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | | | |
| 5 Date 6 Full name of contributor | | |) | 8 Amount of Contribution \$ | 9 In-kind contribution description | | |
| 2 | | 7 Contributor address; City; State; | Zip Code | Check if travel outsi | de of Texas. Complete Schedule T. | | |
| 10 Pri | ncipal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICI | AL)(See Instructions) | | |
| 12 Co | ntributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JU | IDICIAL) (See Instructions) | | |
| 14 Co | ntributor's | employer/law firm (FOR JUDICIAL) | 15 Law firn | n of contributor's spou | se (if any) (FOR JUDICIAL) | | |
| 16 If o | contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Da | ite | Full name of contributor |) | Amount of Contribution \$ | In-kind contribution description | | |
| | | Contributor address; City; State; | Zip Code | Check if travel outsi | de of Texas. Complete Schedule T. | | |
| Pri | ncipal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICI | AL)(See Instructions) | | |
| Со | ntributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JU | DICIAL) (See Instructions) | | |
| Co | ntributor's | employer/law firm (FOR JUDICIAL) | Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) | | |
| If c | contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ATTACH ADDITIONAL COPIES OF T | | | r requirements | | |

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Sched | ule B: |
|----|-----------------|---|------------------------|---|
| 2 | FILER NAME | | 3 Filer ID (Ethics C | ommission Filers) |
| 4 | TOTAL OF | UNITEMIZED PLEDGES | \$ | |
| 5 | Date | 6 Full name of pledgor | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | | 7 Pledgor address; City; State; Zip Code | | |
| | | | 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 | Amount of Pledge \$ | In-kind contribution description |
| | | Pledgor address; City; State; Zip Code | | |
| | | | Check if travel outs | l . ide of Texas. Complete Schedule T. |
| 12 | Principal occup | pation / Job title (See Instructions) Employer (See | Instructions) | |
| | Date | Full name of pledgor | Amount of Pledge \$ | In-kind contribution description |
| | | Pledgor address; City; State; Zip Code | | |
| | | | | de of Texas. Complete Schedule T. |
| | Principal occu | pation / Job title (See Instructions) Employer (See | Instructions) | |
| | 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 occup | pation / Job title (See Instructions) Employer (See | Instructions) | |
| | 1 | | | |
| | | ATTACH ADDITIONAL COPIES OF THIS SCHEDU | | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

LOANS SCHEDULE E

| | If the requested | d information is not applicable, DO NO | OT include this page in the re | port. |
|----|--|---|---|---|
| | The | Instruction Guide explains how to comp | elete 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 | | PAC (ID#:) | 9 Loan Amount (\$) |
| | Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate |
| | Y N | | | 11 Maturity date |
| 12 | Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 | Description of Col | ateral | Check if personal fund account (See Instruct | ds were deposited into political ions) |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; Zip Code | |
| 20 | Principal Occupa | tion (See Instructions) | 21 Employer (See Instructions) | |
| | Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| | Is lender a financial | Lender address; City; | State; Zip Code | Interest rate |
| | Institution? Y N | | | Maturity date |
| | Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| | Description of Coll | ateral | Check if personal fund account (See Instruction | ds were deposited into political ions) |
| | GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| 2 | not applicable | Guarantor address; City; | State; Zip Code | |
| | | on (See Instructions) | Employer (See Instructions) | |
| | | | | |
| | И Іс | ATTACH ADDITIONAL COP | PIES OF THIS SCHEDULE AS NEE | |

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 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)

| Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment | , | Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
|--|--|----------------------|--|
| 1 Total pages Schedule F1: | 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 Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; 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 | n, TX, officeholder living expense |
| 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| 7 | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | DED |

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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
|---|---|--|---|
| | The Instruction Guide expla | ins how to complete this form. | |
| 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 the | is schedule) (b) Description | y* |
| PURPOSE OF | | | |
| EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete | Schedule T. Check if Aus | stin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| | Category (See Categories listed at the top of th | is schedule) Description | |
| PURPOSE OF | | | |
| EXPENDITURE | | | |
| | Check if travel outside of Texas. Complet | | ustin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NE | EDED |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| | т | ne Instruction Guide explains how to complete this form. | 1 | Total pa | iges Sch | nedule F3: | | |
|--------|-------|---|--|-------------|----------|------------|-----------|----|
| 2 FILE | RNAME | | 3 | Filer ID | (Ethics | Commissio | n Filers) | |
| 4 Date | | 5 Name of person from whom investment is purchased | | | | 7 | | |
| | | 6 Address of person from whom investment is purchased; City | 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 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | State; | Zip Code | |
| | | Description of investment | | | | | | |
| | | Amount of investment (\$) | | | | | | |
| | | | | | | | | |
| | | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS | NEED | ED | | | |

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi | By Gift/Award | erage Expense s/Memorials Expense rices | Polling E Printing I | verhead/Rental Expense Expense Wages/Contrac | T | ransportation Equipm ravel In District ravel Out Of District Other (enter a category | nent & Related Expense y not listed above) |
|--|----------------------------------|---|-------------------------|---|--------------------|---|--|
| The Instruction | Guide explains how to co | mplete this form. | | USE A NEW | PAGE FOR EA | CH CREDIT CARE | ISSUER |
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME | | | 9 | 3 | FILER ID (Ethics | Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXP | ENDITURES CHARGED TO A | CREDIT CARD | | | | \$ | |
| 5 CREDIT CARD ISSUER | Name of financial institut | ion | | | 3 , 55 4 | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date Expenditu | re Charged | (c) Date(s) Cr | edit Card Issuer | Paid | |
| | \$ | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee add | dress; | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories lis | sted at the top of this sched | dule) | (b) Description | on | | |
| Non-Political | (c) Check if travel out | side of Texas. Complet | e Schedule T. | | Check if Austin, 1 | ΓX, officeholder living (| expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder r | name | Off | ice Sought | | Office Held | it sa |
| PAYMENT | (a) Amount Charged | (b) Date Expenditu | ire Charged | (c) Date(s) Cr | edit Card Issuer | Paid | |
| | \$ | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee add | dress; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories lis | ted at the top of this sched | dule) | (b) Description | on | | _ |
| Political 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) Cre | edit Card Issuer | Paid | |
| | \$ | | | 2 0 | | | |
| PAYEE | (a) Payee name | | (b) Payee add | dress; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories lis | ted at the top of this sched | lule) | (b) Descriptio | n | | |
| Political Non-Political | (c) Check if travel outs | side of Texas. Complete | e Schedule T. | | Check if Austin | n, TX, officeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder n | name | Offi | ce Sought | | Office Held | |
| | ATTACH ADDIT | IONAL COPIES | S OF THIS | SCHEDULE | E AS NEEDE | ED. | |

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** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee 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 OF **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 Date Payee name Amount (\$) Payee address; State; City; Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

| Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | | g Expense s/Wages/Contract Labor o complete this form. | Travel Out Of District Other (enter a category not listed above) |
|---|--|--|--|
| 1 Total pages Schedule H: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | | |
| 6 Amount (\$) | 7 Business address; | City; | State; 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 Schedule T. | Check if Austin, | TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; | City; | State; 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 |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| EXI ENDITORE | 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 PH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEED | DED |

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 Fil | ler ID (Ethics Co | ommission 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 instruction required.) | ns 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 instruction required.) | ons regarding type of | information | | | |
| Date | Payee name | | | 7 | | | |
| Amount (\$) | Payee address; | City | State | Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instruction required.) | ns 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.) Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of in required.) | | | information | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED | | | | | |

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

SCHEDULE K

| The Instruction Guide explains how to complete this form. | | | dule K: | |
|---|----------|--|------------------------|----------------------|
| 2 FII | LER NAME | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Da | ate | 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 | |
| | 1 | 7 Purpose for which amount is received Check if | political contribution | returned to filer |
| Da | ate | 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 |
| Da | ate | 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 |
| Da | te | 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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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

SCHEDULE T

| The second secon | | | | | | | |
|--|---|---------------------------|----------------------------------|--|--|--|--|
| The Instruction | Guide explains how to complete this fo | orm. | 1 Total pages Schedule T: | | | | |
| 2 FILER NAME | | 3 File | er ID (Ethics Commission Filers) | | | | |
| 4 Name of Contributor / Corpo | Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | |
| 5 Contribution / Expenditure re | eported 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 | | | | |
| 6 Dates of travel 7 N | 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 nam | e of conference, seminar, | or other event) | | | | |
| | | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| Contribution / Expenditure re | eported 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 | | | | | | | |
| D | estination city or name of destination locatio | n | | | | | |
| Means of transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| Contribution / Expenditure re | ported on: | | | | | | |
| Schedule A2 | Schedule B Schedule B(J) | Schedule C2 Sch | nedule D Schedule F1 | | | | |
| | | | nedule COH-UC Schedule B-SS | | | | |
| Dates of travel Name of person(s) traveling | | | | | | | |
| Departure city or name of departure location | | | | | | | |
| | Departure day of marrie of departure location | | | | | | |
| D | estination city or name of destination locatio | n | | | | | |
| Means of transportation | Purpose of travel (including nam | e of conference, 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 | 2 Filer ID (Ethics Commission Filers) | | | |
| 3 | SIGNA | TURE | | | |
| | designa | expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file. | | | |
| | | Signature of Candidate / Officeholder | | | |
| 4 | FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. | | | | |
| | A. | CAMPAIGN FUNDS | | | |
| | 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 | | | |
| | Check only one: | | | | |
| | I do not retain assets purchased with political contributions or interest or other income from political contributions. | | | | |
| | | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. | | | |
| | | Signature of Candidate | | | |
| 5 | | 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 | | | |