CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) FIRST	MI	OFFICE USE ONLY	
- · · · · · · · · · · · · · · · · · · ·	NICKNAME LAST	SUFFIX	Dale Received	
	hem			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER	Brande Lom	plan		
NAME	NICKNAME LAST	SUFFIX	Date Processed	
			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	:	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH 7	Day Year	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description	and the second s	
	11 / 1 / 20 X General	8 -مستر 8	and Boxul	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	·	School &	Grand	
	GO TO PAGE 2			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this forn	m. 1 Total pages Schedule A2:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	IBUTIONS \$
5 Date	6 Full name of contributor 🗍 out-o(-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	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	
	(
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15/ Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan 7 Name of lender	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 occupation / Job title (See Instructions) 13 Employer (See Instructions)	
14 Description of Collateral Inone Check if personal functions account (See Instructions)	ds were deposited into political ions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code ☐ not applicable	
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)	
Date of loan Name of lender Out-of-state PAC (ID#)	Loan Amount (\$)
Is lender Lender address; City; State; Zip Code a financial Institution?	Interest rate
Y N	Maturity date
Principal occupation / Job title (See Instructions)	
Description of Collateral Check if personal fundamental account (See Instruct	ds were deposited into political
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code	
not applicable Principal Occupation (See Instructions) Employer (See Instructions)	
Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If lender is out-of-state PAC, please see Instruction guide for additional re	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

			EXPEND	ITURE CATEG	ORIES FO	OR BOX 10(a)		
4	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Legal Services	morials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa	ense iges/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	*		The Instruct	ion Guide explain	s how to co	mplete this form.		
1	Total pages Schedule F2:	2 FILER	NAME			/	3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL OF UNITEM	IIZED UN	IPAID INCU	RRED OBLIG	SATIONS	s /	\$	
5	Date	6 Payee	name					
7	Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Poli	tical		
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories	listed at the top of this	schedule)	(b) Description		
	EXI ENDITORE	(c)	Check if travel outs	de of Texas. Complete S	chedule T,	Check if Au	stin, TX, officeholder living e	xpense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ndidate / Office	holder name	01	fice sought	Office hel	d
	Date	Payee	name			\		
	Amount (\$)	Payee	address;			City;	State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	itical		
	PURPOSE OF	Catego	ory (See Categorie:	s listed at the top of this	s schedule)	Description		
	EXPENDITURE		Check if travel ou	tside of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeholder living	expense
	Complete <u>QNLY</u> if direct expenditure to benefit C/O	Car H	ndidate / Office	holder name	0	ffice sought	Office he	
				The first state of the first sta				
		ATTA	CH ADDITIO	NAL COPIES (OF THIS S	CHEDULE AS N	EEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; д_{ity;} State; Zip Code TYPE OF Political Non-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 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

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/Wagns/Contract Lebor

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

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services S The Instruction Guide explains h	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	Λ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	ule 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 sched	dyle) Description	
	Check if travel outside of Texas. Complete Schedu	ile T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	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 sched	dule) Description	
EXI ENDITORE	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sched				ule 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; Star	Zip Code	
		7 Purpose for which amount is received Check if	political contribution r	eturned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City: Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution r	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 i	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 i	returned to filer
		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/OH1	NAME 2 Filer ID (Ethics Commission Filers)		
3	SIGNATURE			
,	SIGNA			
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> 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.		
	B.	ASSETS		
	Chec	k only one:		
		I do not retain assets purchased with political contributions or interest or other income from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.		
	X.	Signature of Candidate		
5		EHOLDER uplete 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		