CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			-					
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	Manwin Relevsor	υ υ	MI	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #:	Spt. S	ATE: ZIP CODE 17542 17541	~			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	MAMMA LAST	Rolle	SUFFIX	Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S		Eneepe	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		TENSION				
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ele	ection	Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day Year	THROUG	Month H	Day Year			
11 ELECTION	ELECTION DAY	Year Primary General	Runoff	Other Description	<u> </u>			
12 OFFICE	OFFICE HELD (if any)		13 o	FFICE SOUGHT (if know	n)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN	MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,			
	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDR	ESS				
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 575 00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 575
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	rear, or affirm, under penalty of perjury, that the accompanying report is true irred to be reported by me under Title 15, Election Code.	and correct and includes all information
Tequ	lined to be reported by the unider Title 15, Election Code.	711
	11/12	Ma
	Signature of Can	didate or Officeholder
	,	
	Please complete either option below:	
	CATHY MARAN EZELL	
(1) Affidavit	My Notary ID # 131481760 Expires March 8, 2026	
NOTARY STAMP/SEAL	Maria Pallace	cth 0-1
i i	pefore me by Manning Pollerson this the Surface, witness my hand and seal of office.	day of No.
zo zo certify w	nich, witness my hand and seal of office. Outly maken Ezell	Franc Diescha
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
()	OR .	Title of officer administering oath
Signature of officer administeri (2) Unsworn Declaration	OR .	Title of officer administering oath
(2) Unsworn Declaration	OR .	
(2) Unsworn Declaratio My name is	OR n, and my date of birth is,	
(2) Unsworn Declaratio My name is My address is	OR n, and my date of birth is,	ate) (zip code) (country)

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 NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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.

Signature of Candigate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

m

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

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.

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

1

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.

	۰
Signature of Officeholder	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 575°°
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 FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

L	##4250274.501 #15404.7 1 #244640	эрр				
	The	Instruction Guide explains how to complete thi	1 Total pages Schedule B:			
2	FILER NAME		3 Filer ID (Ethics C	commission Filers)		
4	TOTAL OF	UNITEMIZED PLEDGES		\$		
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_	8 Amount of Pledge \$	9 In-kind contribution description		
			tate; 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; S	tate; Zip Code		 	
			8.		İ	
				Check if travel outs	l . ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)		
L						
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; S	tate; Zip Code		 	
				Check if travel outs	I ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instructions)	Employer (See			
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; Stat	e; Zip Code		 	
		×		Check if travel outs	l ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)		
	lf .	ATTACH ADDITIONAL COPIES			rogulromonto	
	11, 0	contributor is out-of-state PAC, please see Ins	uuction guide for	auditional reporting	requirements.	

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report .									
	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 ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)						
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate						
	Y N	7		11 Maturity date						
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)							
14	Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)						
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)						
	not applicable	18 Guarantor address; City;	State; Zip Code							
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)							
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)						
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate						
	Y N			Maturity date						
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)							
	Description of Colla	ateral	Check if personal func account (See Instructi	ds were deposited into political ions)						
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)						
	not applicable	Guarantor address; City;	State; Zip Code							
	Principal Occupation	on (See Instructions)	Employer (See Instructions)							
	If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE							

Revised 11/15/2022

Forms provided by Texas Ethics Commission

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

Event Expense Fees Food/Beverage Expense Gifl/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

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.								
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)	(b) Description							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held							
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED							

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica		Travel Out Of District Other (enter a category not listed above)							
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$								
5 Date	6 Payee name								
7 Amount (\$)	8 Payee address; City;	State; Zip Code							
9 TYPE OF EXPENDITURE	Political Non-Political								
10 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 Au	ustin, 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	Political Non-Political								
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 A	Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought	Office held							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED							

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		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; Cit	 у;	State;	Zip Code				
	Description of investment							
	Amount of investment (\$)	-11-20-62						
	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 B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political [Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, 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	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule) Description			
IN INDITORE	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EEDED		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Gift/Awa tee Legal S	Abeverage Expense Polling Expense Printing Expense Printing Expense I Services Salaries/Wages/Contract Labor Printing Expense Salaries/Wages/Contract Labor Printing Expense Salaries/Wages/Contract Labor Printing Expense Printin			Travel In District Travel Out Of District Other (enter a category not listed above)						
		inei	nstruction Guide explai	ns now to	comple	te t	inis form.				
1 Total pages Schedule G:	2 FILE	R NAME						3 Filer	ID (Ethics	Commission Filers)	
4 Date	5 Paye	e name					•				
6 Amount (\$) Reimbursement from political contributions	7 Paye	7 Payee address; City;							State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Cate	gory (See Cate	gories listed at the top of this :	schedule)	(b) D	es	cription				
	(c)	Check if trav	el outside of Texas. Complete S	chedule T.			Check if Austin,	TX, officel	holder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought							Office held			
Date	Paye	e name									
Amount (\$) Reimbursement from political contributions intended	Paye	e address;					City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Cate	egory (See Cate	egories listed at the top of this	schedule)	D	es	cription				
		Check if trav	vel outside of Texas. Complete S	chedule T.			Check if Austin,	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		andidate / Of	ficeholder name		Office	so	ought			Office held	
Date	Paye	e name						- 1 2 VIII 1 II			
Amount (\$)	Paye	e address;					City;		State;	Zip Code	
Reimbursement from political contributions intended											
PURPOSE OF EXPENDITURE	Cate	gory (See Cale	gories listed at the top of this	schedule)	D	es	cription				
		Check if trav	el outside of Texas. Complete S	chedule T.			Check if Austin,	TX, office	holder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	andidate / Of	ficeholder name		Office	sc	ought			Office held	
	P	TTACH AD	DITIONAL COPIES C	OF THIS S	CHED	UL	E AS NEED	ED			

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services				Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explains how to co		complete this form.					
1 Total pages Schedule H:	2 FILER N	AME			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 so	chedule)	(b) Description					
	(c)	Check if travel outside of Texas, Complete Sch	hedule T.	Check if Austin,	TX, officeholder living ex	pense			
9 Complete ONLY if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description					
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description					
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officeholder living ex	kpense			
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held			
×	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to comp	plete this form.			
1 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.)	instructions regard	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 (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 (See required.)	e instructions regar	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 (See required.)	e instructions rega	rding type o	f 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.			1 Total pages Schedule K:		
2 FILE	ER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	е	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; State	te; Zip Code		
		7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Э	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	Э	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	political contribution	returned to filer	
Date	Э	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					

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.					
The Instr	uction 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	le A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				
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 transporta	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					
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
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	vel Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

water requested internation to not applicable, 50 NOT molade this page in the report.					
Т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,			
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide explains how	to complete this	s 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 PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				otions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			etions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	etions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				