# 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 (Ethics	s Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Patty		МІ	OFFICE	USE ONLY	
NAME	NICKNAME	LAST Tijerina San Miguel		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	city; STATE	78046	EC'D CITY SE( JAN 18'22 PK		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 956 )	PHONE NUMBER 319-4008	EXTEN	ISION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Rolando		MI	Date Processed	/ mount ¢	
NAME	NICKNAME	LAST		SUFFIX			
		San Miguel			Date Imaged		
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT /			STATE;	ZIP CODE	
ADDRESS	108 Century D	or. N.	Lar	edo	TX	78046	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 237-1530	EXTEN	ISION			
9 REPORT TYPE	X January 15	30th day before	election F	Runoff	15th day af treasurer a (Officeholde		
	July 15	8th day before e	icction	xceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month <b>07</b>	Day Year  / 01 / 2021	THROUGH	Month <b>12</b>	Day Yea / 2	021	
11 ELECTION	Month Day	Year Primary  2022 X Genera		Other Description			
12 OFFICE	OFFICE HELD (if any)			E SOUGHT (if know			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MAL	DE WITHOUT THE CAN	IDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS				
		GO TO	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Pa	tty Tijerina San Miguel	<b>16</b> Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN	\$ <b>-0-</b>
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ <b>-0</b> -
	4. TOTAL POLITICAL EXPENDITURES		\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	IE LAST DAY	\$ <b>-0-</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$ <b>-0-</b>
	swear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	is true and co	prrect and includes all information
	Patricia	Dant	nigul
	Signature	of Candidate	or Officeholder
	WHILE.		
, minn	NA AA A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
IIII.ME	A MILL		
II A R	Please complete either option be	elow:	
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	~ √V   E		
[ NOX	1104 9 V V V V V V V V V V V V V V V V V V		
(1) Affidavit	71010:1.		
MINRE	S 10-2 min		
(1/////	www.		
NOTARY STAMP/SEA	L		
		19.11	
Sworn to and subscribed	before me by <u>Patricia San Miguel</u> this	s the 13Th	day of January,
	which, witness my hand and seal of office.	.4	1.1. D11.
K yenny 7	Mutz Koxanne Martinez	/\	jutary rublic
Signature of officer administe			Title of officer administering oath
	OR	ann airean an an	
(2) Unsworn Declarati	ion		
My name is	, and my date of b	pirth is	
, add. 500 10	(street) (city)	,,, _ (state)	(zip code) (country)
Evacuted in		, ,	
Executed in	County, State of , on the day of _	(month)	
		Candidata /Orr	achalder (Daslassat)
	Signature of	Candidate/Offi	ceholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

Patty Tijerina San Miguel  20 Filer ID (Ethics of	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>-0-</b>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>-0-</b>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>N/A</b>
4. SCHEDULE E: LOANS	\$ <b>N/A</b>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>-0-</b>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <b>N/A</b>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>N/A</b>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>N/A</b>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <b>N/A</b>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	* <b>N/A</b>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>N/A</b>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>N/A</b>

### 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.	<b>1</b> Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructio	ns)
Ŭ	Timolpai coca	sale, our like (ess melleciere)	2 Employer (ede metradue	,
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address;	State; Code	
	Principal occup	ation / Job title (See Instruc	F Instructio	ns)
	Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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

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

Tł	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor	)	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	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIA			of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributo	r is a child, law firm of parent(s) (if					
Date	Full name of contributor God-state PAc (15#:		Amount of Contribution \$ In-kind contribution description			
	Contributor address; City; State;	Zip Code	Check if traval outside of Tayon Commists Cabadrile T			
			Check if travel outside of Texas. Complete Schedule T.			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	aw 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 1	THIS SCHED	ULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting 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 Schedu	ıle B:
2	FILER NAME			3 Filer ID (Ethics Co	ommission 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
			Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
10	<b>)</b> Principal occu	pation / Job title (See Instructions) 11 En	nployer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	Zip C	Check if travel outsi	l . de of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instruction	Ar /Q.	structions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		 
				Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	mployer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip	Code		 
		5 de congression de la constantina della constan		Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	mployer (See	Instructions)	
		ATTA QUI A DDITIONAL GODIFO OF TI		LE AO NEEDED	
		ATTACH ADDITIONAL COPIES OF TH		LEAS NEEDED	, requirements

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

#### **LOANS** SCHEDULE E

	if the requested information is not applicable, DO NOT include this page in the report.					
	The	struction Guide explains how to complete t	his form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	ΓΕΜΙΖΕD LOANS		\$		
5	Date of loan	7 Name of lender	D#:)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	3 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
	Y N			Maturity date		
12	Principal occupation	/ Job title (See Instructions) 13	Employer (See Instructions)			
14	Description of Colla	eral 15	— Check if personal fund	s were deposited into political		
	none		account (See Instructi			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address	re: Code			
	not applicable					
20	Principal Occupat	n (See Instructions)	Employer (See Instructions)			
	Date of loan	Name of lender	ID#:)	Loan Amount (\$)		
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
	Y N			Maturity date		
	Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)			
	Description of Coll	eral	Check if personal fund	ds were deposited into political		
	none		account (See Instruct			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	(See Instructions)	Employer (See Instructions)			
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEF	EDED		

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 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

Contributions/Donations Made B Candidate/Officeholder/Politica		xpense Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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;		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 Aus	tin, TX, officeholder living expense
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 Aus	tin, 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	S SCHEDULE AS NE	EDED
			Davised 9/17/20

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking 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 Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Zip Code **7** Amount (\$) 8 Payee address; City; State: 9 TYPE OF Non-Political Political **EXPENDITURE** scription (a) Category (See C listed a 10 **PURPOSE** OF **EXPENDITURE** (c) Check if ck if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate Office held expenditure to benefit C/OH Payee name Date City; Amount (\$) Payee address; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILERN		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from what investry a pullased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 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 9 TYPE OF Political Non-Political **EXPENDITURE** escription (a) Category (See listed top of th 10 **PURPOSE** OF **EXPENDITURE** (c) Check el outsi eck 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 Zip Code State; Amount (\$) Payee address; City; TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
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/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

4 Date 5  6 Amount (\$) 7  Reimbursement from political contributions intended 6  8 PURPOSE OF EXPENDITURE 6	Payee name Payee address;  Calegory (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Of Ider na	City;  (b) Description  Check if Austin, Of Bught	3 Filer ID (Ethics State;	Zip Code
Reimbursement from political contributions intended  B PURPOSE OF EXPENDITURE	Payee address;  (a) Category (See Categories listed at the top of this schedule)  (b) Check if travel outside of Texas. Complete Schedule T.  Candidate / Of Ider na	(b) Description  Check if Austin,		
Reimbursement from political contributions intended  B PURPOSE OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Of Ider na	(b) Description  Check if Austin,		
PURPOSE OF EXPENDITURE  (9	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Of Ider na	Check if Austin,	TX, officeholder living e	voore .
9	Candidate / Of Ider na		TX, officeholder living e	vnonco
9		Of pught		Apense
Complete ONLY if direct expenditure to benefit C/OH				Office held
Date	Payee name			
Amount (\$)	Payee address;	City,	State;	Zip Code
Reimbursement from political contributions intended				
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 e	xpense
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
Reimbursement from political contributions intended				
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 e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ting Expense Travel Out Of District ries/Wages/Contract Labor Other (enter a categor

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

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services S  The Instruction Guide explains h	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
			0.51 15 (51)
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 sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Of Colder na	Off pught	Office held
Date	Business name		
Amount (\$)	Business addres		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheo	dule) Description	
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Austir	n, TX, officeholder living expense
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 sche-	dule) Description	
EAFENDITORE	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to com	plete this form.			
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	*Category (See instructions for the categories.)	tion (See	e instructions rega	rding type of	finformation
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions rega	arding 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 (Se required.)	e instructions rega	arding type o	f information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

#### SCHEDULE K

The	dule K:				
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Star				
	7 Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from war amount eceived. City; Sta	ate; Zip Code			
	1 dipose foi which amount ecci	olitical 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					

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

### SCHEDULE T

	ii tile requested ii.	auon s	s not applicable, <b>bo No</b> I	miciaue una page n	ii tiie report.			
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:			
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	Name of Contributor /	ame of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5	Contribution / Expend							
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 transportati	ion	11 Purpose of travel (including	g name of conference, se	eminar, or other event)			
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	Contribution / Expend Schedule A2 Schedule F2	Sche	edule B Sch B(J)	Sc Me C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
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		Departure city or name of departure location						
		Destinat	ion city or name of destination	location				
	Means of transportat	tion	Purpose of travel (includin	g name of conference, s	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
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		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								