CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Nathan	H H	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Chu	SUFFIX	REC
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	EVED 6 F1 4: 6 F3 9:
Change of Address			D 4: 09
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 216-4503	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MYS LUISA	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Pacheco		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	109 Reynolds St.	Laredo, TX	78040
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 319-6140	EXTENSION	
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 Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/13/2018	THROUGH 07/	15 / 2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description Special	
10 055105		13 OFFICE SOUGHT (if known	
12 OFFICE	OFFICE HELD (if any)		al Judge
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	iler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DIDATE. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFIURES.	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Team Chu	
	SPECIFIC	COMMITTEE ADDRESS	
		1520 Victoria St.	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Luisa O. Pacheco	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		109 Reynolds St.	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1.200.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0
	4. TOTAL	\$ ()	
CONTRIBUTION BALANCE	5. TOTAL OF REF	\$ 1,200,00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ O
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjui	
Day of the last of	and a filter of the college of the	true and correct and includes all informa under Title 15, Flection Code.	tion required to be reported by me
	E. C. BREWSTER		11///
	Public, State of Text. Expires 03-22-20		H
No.	tary ID 12135361	Signature of Candida	te or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE		
Sworn to and subsc	eribed before me,	by the said NATHAN Chu	, this the
day of Uly	, 20	to certify which, witness my hand and seal of office.	
Gerne	ste	JEC BREWSTER	notary fullic State
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath 1

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,200.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	
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 RETURNED TO FILER	IONS	\$	
				

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	n H. Cho		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor □ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
7/13/2018	6 Contributor address; City; State;	Zip Code メ 78045	1,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
3/13/2018	Contributor address; City; State; 7609 Mcpherson Rd. Lared	Zip Code Tx, 78041	200.00		
Principal occup	sation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	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 Instructi	ions)		
	ATTACH ADDITIONAL COPIES OF				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date Amount of 9 In-kind contribution 6 Full name of contributor out-of-state PAC (ID#:_ Contribution \$ description 7 Contributor address; City; State; Zip Code ☐ Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions) 10 Principal occupation / 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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Contribution \$ description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDO	GED CONTRIBUTIONS		SCHEDULE B
Th	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule B:
2 FILER NAME	<u> </u>	3 Filer ID (Ethics	Commission Filers)
4 TOTAL O	F 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 out	: side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instructions) 11 Employer (Se	ee Instructions)	
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 out	side of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions) Employer (Se	ee Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· · ·
		Check if travel out	side of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions) Employer (Se	ee Instructions)	
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 out	side of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)	
	ATTACH ADDITIONAL CODIES OF THIS SOURCE	I E AS MEEDED	
If	ATTACH ADDITIONAL COPIES OF THIS SCHEDU contributor is out-of-state PAC, please see instruction guide for		requirements.

L	OANS			SCHEDULE E
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FIL	FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TC	OTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan Out-of-state PAC (ID#:)				9 Loan Amount (\$)
a f	lender inancial stitution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
Y	N			11 Maturity date
12 Pr	incipal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 De	escription of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
	UARANTOR FORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; S	state; Zip Code	
20 Pr	incipal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Da	ate of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
a f	lender inancial	Lender address; City; S	State; Zip Code	Interestrate
Ins Y	stitution? N			Maturity date
Pri	incipal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	scription of Colli	ateral	Check if personal funds were account (See Instructions)	deposited into political
Gl	JARANTOR FORMATION	Name of guarantor		Amount Guaranteed (\$)
			State; Zip Code	
	not applicable		<u> </u>	
Pri	ncipal Occupati	on (See Instructions)	Employer (See Instructions)	
	If I	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Wagney(Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica CreditCard Payment	al Committee Legal Services Salaries/V	/ages/Contract Labor Other (enter	r a category not listed above)
	The Instruction Guide explains how to d	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer IC) (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 Check if travel outside of Texas. C	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	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. Co Check if Austin, TX. officehold	•
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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. C Check if Austin, TX. officehold	•
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Re Office Overhead/Rei Polling Expense Printing Expense Salaries/Wages/Cor	ntal Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
	The Instruction Guide explai	ns how to complete	• • • • • • • • • • • • • • • • • • • •
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	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	his schedule) (1	b) Description
PURPOSE OF			Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ught 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 the	his schedule)	Description
PURPOSE OF			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office so	ught Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHED	ULE AS NEEDED
	IAGII ADDIIIONAL GOFILO		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Tot	al pa	ges Schedule F3:	
2 FILER NAME		3 File	er ID	(Ethics Commission	n Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	 y;			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 NI	EED	ED	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credt Card Payment

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 (anter a category not listed above)

Candidate/Officeholder/Politic		Legal Services	Ullais Experise	Printing E Salaries∧	xpense Vages/Contract Labo	Travel Out C r Other (enter	a category not listed above)
Credit Card Payment		The Instruction	on Gulde explain	ns how to	complete this form	n.	
Total pages Schedule G:	2 FILER NAM	ИE				3 Filer ID	(Ethics Commission Filers)
Date	5 Payee nam	ie					
Amount (\$)	7 Payee add	ress; C	City; State; Zi _l	ip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	(a) Category (S	Gee Categories liste	d at the top of this scl	chedule) (el outside of Texas. Comple stin, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/C		ate / Officehold	ler name		Office sought		Office held
Date	Payee nam	ie					
Amount (\$)	Payee add	ress; C	City; State; Zip	ip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (S	See Categories liste	d at the top of this scl	chedule) (el outside of Texas. Compl stin, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/C		ate / Officehold	er name	L	Office sought		Office held
Date	Payee nam	le					
Amount (\$)	Payee add	ress; C	City; State; Zip	ip Code			
Reimbursement from political contributions interided							
PURPOSE OF EXPENDITURE	Category (S	See Categories liste	d at the top of this sc	chedule)		el outside of Texas. Compl estin, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/C		ate / Officehold	er name		Office sought		Office held
	ATTA	CH ADDITION	IAL COPIES O	OF THIS S	CHEDULE AS N	NEEDED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide ex	plains how to complete this form.	
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	Category (See Categories listed at the top of	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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	Check if travel outsid	le of Texas. Complete Schedule T. X, olficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NE	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

	The Instruction Guide explains how to com	piete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name	
5 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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 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; State;	Zip Code
7 Purpose for which amount is received Check if p	political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State;	Zip Code
Purpose for which amount is received Check if p	political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State;	Zip Code
Purpose for which amount is received Check if p	political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State;	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 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule C2 Schedule D Schedule A2 Schedule B Schedule B(J) Schedule F1 Schedule F2 Schedule H Schedule COH-UC Schedule B-SS Schedule F4 Schedule G 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 transportation 11 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 D Schedule A2 Schedule B Schedule C2 Schedule F1 Schedule B(J) 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 Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule D Schedule F1 Schedule A2 Schedule B(J) Schedule C2 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 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