CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how | to complete this form. | 1 Filer ID (Ethics | Commission Filers) | 2 Total pages f | led: |
|--|-----------------------------|--|----------------------------|----------------------------------|---------------------|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR Mr. | FIRST Thomas | · | мı E | OFFICE | USEONLY |
| TVAIVIC | NICKNAME Tom | LAST Jinks | | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | 4 Hunters B | | CITY; STATE: Village TX | ZIP CODE 77024 | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENS | SION | | d or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS/MRS/MR Mr | FIRST Thomas | | MI E | Receipt # | Amount \$ |
| NAME | NICKNAME | LAST | **************** | SUFFIX | | |
| | Tom | Jinks | | | Date Imaged | |
| 7 CAMPAIGN TREASURER | | (NO PO BOX PLEASE); APT / S | | r; | STATE; | ZIP CODE |
| ADDRESS | 4 Hunters B | ranch Hedwig Villa | ge TX 77024 | | | |
| (Residence or Business) | AREA CODE | PHONE NUMBER | EVTENS | NON | | |
| 8 CAMPAIGN TREASURER PHONE | () | PHONE NUMBER | EXTENS | SION | | |
| 9 REPORT TYPE | January 15 | 30th day before e | election | inoff | | fter campaign ppointment er Only) |
| | July 15 | 8th day before ele | SOLIOII | ceeded Modified porting Limit | Final Repo | rt (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | 23/25 | THROUGH | Month 5 | Day Yea | 5 |
| 11 ELECTION | ELECTION DA | | | ELECTION TYPE | | *** |
| | Month Day | Year Primary | Runoff | Other Description | | |
| _ | 5 / 3 / | 25 Seneral | Special | 2 | 1 | 100 |
| 12 OFFICE | OFFICE HELD (if any) Mayor | | 13 OFFICE Mayor | SOUGHT (if known | | |
| 14 NOTICE FROM POLITICAL | I THE CANDIDATE / OFFICE | CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI | S MAY HAVE REEN MADE | WITHOUT THE CANE | MDATE'S OR OFFICEIN | DEDIG KNOW COCC OD |
| COMMITTEE(S) | COMMITTEE TYPE | SOMMITTEE NAME | 1 | + | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | _ | | | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TRE | ASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TRI | EASURER ADDRESS | | - | _ |
| | | | | <u></u> | | |
| | | GO TO | PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAFANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD | ST DAY \$ |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD | F THE \$ |
| | wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code. Signature of Co | e and correct and includes all information |
| (1) Affidavit | Please complete either option belov | v: |
| NOTARY STAMP/SEA | | |
| Sworn to and subscribed | before me by 10m Junks this the | 5 day of May |
| 20, to certify Signature of officer administe | which, witness my hand and seal of office. Tous USA MODISETTE | City Secretary |
| Signature of onicer authiniste | Times definition of the second | Title of officer administering oath/ |
| (2) Uppworn Dealerst | OR | |
| (2) Unsworn Declaration | OII . | |
| My name is | , and my date of birth is | 3 |
| | | |
| | (street) (city) | state) (zip code) (country) |
| Executed in | County, State of , on the day of(mont | h) 20 |
| | Signature of Cand | date/Officeholder (Declarant) |

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 | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5, | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FRON POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| 5 Full name of contributor 6 Contributor address; pation / Job title (See Instructions) Full name of contributor Contributor address; | City; | State; Zip Code 9 Employer (See Instru | |
|---|--|---|---|
| 6 Contributor address; pation / Job title (See Instructions) Full name of contributor | City; | State; Zip Code 9 Employer (See Instru | octions) |
| Full name of contributor | | | |
| | out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| Contributor address; | | | |
| | City; | State; Zip Code | |
| ation / Job title (See Instructions) | \bigwedge | Employer (See Instru | actions) |
| Full name of contributor | aut-of-state PA | C (D#: | Amount of contribution (\$) |
| Contributor address; | City; | State; Zha Gode | |
| ation / Job title (See Instructions) | | Employer (See Instru | ctions) |
| Full name of contributor | | | Amount of contribution (\$) |
| Contributor address; | City; | State; Zip Code | |
| ation / Job title (See Instructions) | | Employer (See Instru | ictions) |
| | Full name of contributor Contributor address; ation / Job title (See Instructions) Full name of contributor Contributor address; | Full name of contributor Contributor address; City; ation / Job title (See Instructions) Full name of contributor out-of-state PA Contributor address; City; | Full name of contributor Contributor address; City; State; Zha Code ation / Job title (See Instructions) Employer (See Instru Full name of contributor out-of-state PAC (ID#: |

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.

| | | | • | |
|-------------------|--|-------------|--|---|
| Th | ne Instruction Guide explains how to complete this for | n. | 1 Total pages Sched | ule A2: |
| 2 FILER NAMI | É | | 3 Filer ID (Ethics Co | ommission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | |
| 5 Date | 6 Full name of contributor | | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; | Zip Code | Check if travel outs | |
| 10 Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employ | er (FOR NON-JUDICI | AL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contrib | uor's job title (FOR JU | JDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law fire | of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor | Zip/Code | Amount of Contribution \$ Check if travel outsi | In-kind contribution description I I I I I I I I I I I I I I I I I I |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ | er (FOR NON-JUDICI | AL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contrib | utor's job title (FOR JU | JDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law fire | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | 2000 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL CODIES OF 1 | LUIC COLED | III E A C NIEEDED | |

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 reque | ested information is not appli | cable, DO NOT in | clude this page | in the report. | |
|------------------|--------------------------------------|------------------------|------------------|--------------------------|--------------------------------------|
| Th | e Instruction Guide explains h | ow to complete this | form. | 1 Total pages Sched | ule B: |
| 2 FILER NAME | | | | 3 Filer ID (Ethics C | commission Filers) |
| 4 TOTAL O | UNITEMIZED PLEDGE | S | | \$ | |
| 5 Date | 6 Full name of pledgor | out-of-state PAC (ID#: |) | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; | City; Sta | ite; Zip Code | | |
| | | | | | ide of Texas. Complete Schedule T. |
| 10 Principal occ | upation / Job title (See Instruction | ns) | 11 Employer (See | Instructions) | |
| Date | | out-of-state PAC (ID# | | Amount of Pledge \$ | I In-kind contribution I description |
| | Pledgor address; | | ate; Zip Code | / | |
| | | Λ | 1 | Check if travel outs | ide of Texas. Complete Schedule T. |
| Principal occu | pation / Job title (See Instructions | s) | Employer (See | Instructions) | |
| Date | Full name of pledgor | out-of/state P/C (ID#: | | Amount of Pledge 5 | In-kind contribution description |
| | Pledgor address; | ¢ity; St | ite; Zip Codie | | |
| Principal occ | upation / Job title (See Instruction | ng) | Employer (See | 17.0000 | ide of Texas. Complete Schedule T. |
| T Tillelpai occ | apation / 300 title (See Instruction | 15) | Employer (pee | msuucuons) | |
| 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 | |
| Principal occu | pation / Job title (See Instructions | s) | Employer (See | | |
| | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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

| ii the requester | information is not applicable, bo No | Include this page in the re | eport. |
|--|--|---|---|
| The | Instruction Guide explains how to comp | plete this form. | 1 Total pages Schedule E |
| 2 FILER NAME | | | 3 Filler ID (Ethics Commission Filers) |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ |
| 5 Date of loan | | PAC (ID#:) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate |
| □ Y □ N | | | 11 Maturity date |
| 12 Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Col | lateral | Check if personal fun account (See Instruc | ds were deposited into political tions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | 1 | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; | State; Zip Code | |
| not applicable | 1 | 1/1 | |
| 20 Principal Occupa | tion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender out-of-stat | PAC (ID#) | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate |
| Y N | | | Maturity date |
| Principal occupati | оп / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Coll | ateral | Check if personal fun account (See Instruc | ds were deposited into political tions) |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; | State; Zip Code | • |
| | on (See Instructions) | Employer (See Instructions) | |
| - I III Goodpall | (500 managidia) | Employer (ood instructions) | |
| | ATTACH ADDITIONAL CO | PIES OF THIS SCHEDULE AS NE | 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to c | omplete this form. | Other territor a carego | ry nut listed above, |
|---|--|--------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1 | 2 FILER NAME | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | NH - 200 |
| 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 Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name |) | | |
| Amount (\$) | Payee address; | City: | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the tip of this schedule) | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | X, officeholder living | expense |
| 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 | 3.37 | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, afficeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEI | EDED | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

| ii tile requested iriior | THAILUIT IS I | iot applicable, DC | NOT IIICII | uae uns | page in the re | port. | | |
|---|---------------|---|----------------------|--|----------------------------|-----------------------------------|----------------------------|--|
| | | EXPENDITUR | RE CATEGO | RIES FO | R BOX 10(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | | Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu | e [Expense [| Office Overhe Polling Exper Printing Experts Salaries/Wag | inse jes/Contract Labor | Transpor Travel In Travel O | District ut Of District | Expense nt & Related Expense not listed above) |
| 1 Total pages Schedule F2: | 2 FILER | NAME | | 10.00 | | 3 Filer II | O (Ethics Con | nmission Filers) |
| | | | | | | | | |
| 4 TOTAL OF UNITER | MIZED UN | IPAID INCURRE | D OBLIG | ATIONS | | \$ | | |
| 5 Date | 6 Payee | name | | | | | | 2000 |
| 7 Amount (\$) | 8 Payee | address | | | City; | | State; | Zip Code |
| 9 TYPE OF EXPENDITURE | | Political | | Non-Politi | cal | | | |
| PURPOSE OF EXPENDITURE | (a) Catego | ry (See Categories listed at | A | | (b) Description | Min. TX office | holder living exp | pense |
| 11 Complete ONLY if direct expenditure to benefit C/O | | didate / Officeholder | r name | Offi | ce sought |) | Office held | I |
| Date | Payee | name | | | | | | |
| Amount (\$) | Payee | address, | | | City; | | State; | Zip Code |
| TYPE OF EXPENDITURE | | Political | | Non-Politi | ical | | | 2 37 |
| PURPOSE OF EXPENDITURE | Catego | ry (See Categories listed a | t the top of this sc | hedule) | Description | | | |
| | | Check if travel outside of Te | exas. Complete Sch | nedule T, | Check if A | ustin, TX, offic | eholder living e | xpense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | didate / Officeholder | r name | Offi | ice sought | | Office held | 1 |
| | y | | | 23-871 | | | | |
| | ATTA | CH ADDITIONAL C | COPIES OF | THIS SC | HEDULE AS NE | EDED | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| 1 | The 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 | y. State; Zip Code |
| | 7 Description of Investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased: City | State; Zip Code |
| | Description of investment | |
| | Amount of investment (\$) | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS 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

| Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po | | | erage Expense Is/Memorials Expense vices | Polling E Printing | vernead/Rentali Expense Wages/Contrac | T T | ransportation Equipm ravel In District ravel Out Of District other (enter a category | ont & Related Expense / not listed above) |
|--|------------------|-----------------|--|-----------------------|---|-------------------|---|--|
| The Instruction | n Guide explains | how to co | omplete this form. | | | | CH CREDIT CARE | A Service of the Control |
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME | | | | | 3 | FILER ID (Ethics | Commission Filers) |
| 4 TOTAL OF UNITEMIZED EX | (PENDITURES CHA | RGED TO A | CREDIT CARD | | | | \$ | |
| S CREDIT CARD ISSUER | Name of finan | cial institu | tion | | | | | |
| 6 PAYMENT | (a) Amount Cha | rged | (b) Date Expenditure | e Charged | (c) Date(s) C | redit Card Issuer | Paid | |
| 7 PAYEE | (a) Payee name | | | (b) Payee ad | dress; | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (se | e Categories l | isted at the top of this schedu | e) | (b) Description | on | | |
| Political Non-Political | (C) Chec | k if travel ou | tside of Texas. Complete | Schedule T. | | Check if Austin | x, officeholder living | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Of | ficeholder | name | Of | fice Sought | . / | Office Held | |
| PAYMENT | (a) Amount Cha | rged | (b) Date Expenditure | e Charged | (c) Date(s) C | edit Card ssver | Paid | |
| PAYEE | (a) Payee name | | | (b) Payer ad | dress; | Harry | State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (se | e Categories li | isted at the top of this schedu | | (b) Descripti | | | |
| Non-Political | (c) Chec | k if travel ou | tside of Texas. Complete | Schedule T. | | Check if Austin, | TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Of | ficeholder | name | Of | fice Sough | | Office Held | |
| PAYMENT | (a) Amount Cha | rged | (b) Date Expenditure | e Charged | (c) Date(s) Co | redit Card Issuer | Paid | |
| PAYEE | (a) Payee name | | | (b) Payee ad | dress; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (se | e Categories I | isted at the top of this schedu | le) | (b) Description | on | | |
| Non-Political | (c) Chec | k if travel ou | tside of Texas Complete | Schedule T. | | Check if Austi | n, TX, officeholder livir | ng expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Of | ficeholder | name | Of | fice Sought | | Office Held | |
| | ATTAC | H ADDI | TIONAL COPIES | OF THIS | SCHEDUL | E AS NEEDI | ED | |

Forms provided by Texas Ethics Com

Reset Form

ics.s

Reset Page

Revised 1/1/2024

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/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

| Total pages Schedule G: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
|--|--|------------------|---------------------------------------|
| Date | 5 Payee name | | 4. |
| Reimbursement from political contributions intended | 7 Payee address; | City; | State; Zip Code |
| 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 | 1// | Λ |
| Amount (\$) Reimbursement from political contributions intended | Payee address; | City | State, Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories fisted at the top of this schoolule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living expense |
| Complete ONLY If direct expenditure to benefit C/ | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) Reimbursement from political contributions intended | 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 I ving expense |
| | Candidate / Officeholder name | Office sought | Office held |

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District 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 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 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Business name Amount (\$) Business address: City Zip Code Category (See Categories listed at the top of this sche Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office ought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--------------------------------|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | | 3 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 instructions for examples of acceptable categories.) | (b) Description (See i | nstructions regarding type of information | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City | State Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See in required.) | instructions regarding type of information | | |
| Date | Payee name | 1/// | A | | |
| Amount (\$) | Payee address: | City | State Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See i | instructions regarding type of information | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City | State Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See required.) | instructions regarding type of 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 Sched | dule 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 | te; Zip Code | |
| 9,003 | 7 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 |
| 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

| in the requestion in the applicable, 20 feet interact the page | je iii tilo roporti | | | |
|--|--|--|--|--|
| The Instruction 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 | e of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| 5 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 | | | |
| 6 Dates of travel 7 Name of person(s) traveling | 7 Name of person(s) traveling | | | |
| 8 Departure city or name of departure location | 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 A2 Schedule B Schedule B(J) Schedule C2 | Control D | | | |
| Schedule A2 Schedule B(J) Schedule C2 | Schedule D Schedule F1 | | | |
| Schedule F2 Schedule F4 Schedule G Schedule H | Schedule COH-UC Schedule B-SS | | | |
| Dates of travel Name of person(s) traveling | | | | |
| Departure city or name of departure location | | | | |
| 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 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 | e, seminar, or other event) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| _ | | | | | |
|---|---|--|--|--|--|
| | The Instruction Guide explains how to complete this form. | | | | |
| | | Complete only if "Report Type" on page 1 is marked "Final | al Report" •• | | |
| 1 | C/OH N | NAME | 2 Filer ID (Ethics Commission Filers) | | |
| 3 | SIGNA | TURE | | | |
| - | 5,0144 | | | | |
| | designa | expect any further political contributions or political expenditures in connection with material and a report as a final report terminates my campaign treasurer appointment. I also upon contributions or make any campaign expenditures without a campaign treasurer appart of the contributions or make any campaign expenditures without a campaign treasurer appart of the contributions or make any campaign expenditures without a campaign treasurer appart of the contributions of the contribution | inderstand that I may not accept any | | |
| | | Signatu | re of Candidate / Officeholder | | |
| 4 | | WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. •• | | | |
| | A. | CAMPAIGN FUNDS | | | |
| | Chec | k only one: | | | |
| | | I do not have unexpended contributions or unexpended interest or income earned from | om political contributions. | | |
| | | I have unexpended contributions or unexpended interest or income earned from political new political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income particular on political contributions final report. Further, I understand that I must dispose of unexpended political contributions or income earned on political contributions in accordance with the requirement | me earned on political contributions to contributions and that I may not retain ributions longer than six years after at contributions and unexpended | | |
| | B. | ASSETS | | | |
| | Chec | k only one: | | | |
| | | I do not retain assets purchased with political controutions or interest or other incom | ne from political contributions. | | |
| | | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204. | er income from political contributions to | | |
| | | | Signature of Candidate | | |
| | OFFIC | EUOL DED | | | |
| 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 offile. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | , after filing the last required report as | | |
| | | S | ignature of Officeholder | | |



AFFIDAVIT FOR

| | NIC FILING EXE | . • | | |
|---|---|--|--|-----------------------------------|
| An exemption affidavit must be submitted with each paper report. | | | Date Hand-delivered or Date Postmarked | |
| Beginning on January 1, 2024, a candidat \$32,810 in political contributions or made in <u>any</u> calendar year must file all subsequ | more than \$32,810 in p | olitical expenditures | Receipt # | Amount \$ |
| | | ľ | Date Processed | |
| Filer name | Filer ID # | | Date Imaged | |
| I swear or affirm that I have not a more than \$32,810 in political exp | ccepted more than \$3 penditures in a calenda | | ributions or ı | made |
| 2. I further swear or affirm that I do a contributions, political expenditure | not use computer equi es, or persons making | pment to keep currer | nt records of s to me. | political |
| 3. I further swear or affirm that no per contract, uses computer equipme expenditures, or persons making | ent to keep current reco | ords of political contri | d no person v ibutions, poli | with whom I tical |
| I further swear or affirm that I und electronically if I, my agent or con contributions or political expenditurecords of political contributions, I | nsultant, or a person w ures in a calendar yea | ith whom I contract e r, or uses computer e | exceeds \$32, equipment to | ,810 in political keep current |
| I am filing this affidavit with the I understand that this affidavit is r claiming an exemption from elect | required to be filed with ronic filing. | eport due on neach campaign fina | ince report fo | or which I am |
| Please complete either option b | pelow: | | | |
| (1) Affidavit | | | | |
| | | | | |
| NOTARY STAMP/SEAL | | Signa | ture of Filer | |
| Sworn to and subscribed before me by | | this the | day of | , |
| 20, to certify which, witness my hand | i and seal of office. | | | |

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is ______, and my date of birth is ______ My address is _____ (street) (city) Executed in _____ County, State of _____ , on the ____ day of ___ Signature of Filer (Declarant)

> FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received