JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE		
		EVTENDION			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
		THROUGH /			
11 ELECTION	ELECTION DATE				
	Month Day Year Primary	Runoff Other Description			
	General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLD COMMITTEE(S)					
CONNETTEE(3)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME			
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2					

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$			
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	. EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDI	TURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O PERIOD	PF THE \$			
	vear, or affirm, under penalty of perjury, tha uired to be reported by me under Title 15, Ele		e and correct and includes all information			
Signature of Candidate/Officeholder						
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL	-					
Sworn to and subscribed	before me by	this the	day of,			
20, to certify	which, witness my hand and seal of office.					
Signature of officer administer	ring oath Printed name of offic	er administering oath	Title of officer administering oath			
		OR				
(2) Unsworn Declaratio	on					
My name is		, and my date of birth is	3			
My address is		3				
	(street)	()) ((state) (zip code) (country)			
Executed in	County, State of	_ , on the day of (month	h), 20 (year)			
		Signature of Candie	idate/Officeholder (Declarant)			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Control					
21	SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONT	RIBUTIONS \$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	4. SCHEDULE E: LOANS	\$				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM F	POLITICAL CONTRIBUTIONS \$				
6.	5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FRO	M POLITICAL CONTRIBUTIONS \$				
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM P	ERSONAL FUNDS \$				
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIE	BUTIONS TO A BUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS \$				
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AN TO FILER	D CONTRIBUTIONS RETURNED \$				

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Out-of-state PAC	D#:)	7 Amount of contribution (\$)		
	6 Contributor address; City;	State; Zip Code			
8 Contributor's	principal occupation	9 Contributor's job title			
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC I	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Contributor's	principal occupation	Contributor's job title			
Contributor's e	employer/law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC I	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State: Zip Code			
Contributor's	principal occupation	Contributor's job title			
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
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

Tł	ne Instruction Guide explains how to complete this form	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 out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code		 		
			Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (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 out-of-state PAC (ID#:)	Amount of Contribution \$. In-kind contribution description		
	Contributor address; City; State;	Zip Code				
			Check if travel outsi	l de of Texas. Complete Schedule T.		
Principal occ	u Supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI			
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.		

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE **B(J)**

	Tł	ne Instruction Guide explains how to complete this fo	erm.	1	Total pages Sched	lule B(J):
2	FILER NAME			3	Filer ID (Ethics C	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
		7 Pledgor address; City; Sta	ite; Zip Code		Check if travel outsi	 de of Texas. Complete Schedule T.
10	Pledgor's prin	cipal occupation	11 Pledgor's job	title)	
12	Pledgor's emp	oloyer/law firm	13 Law firm of p	oledo	gor's spouse (if any	()
14	If pledgor is a	child, law firm of parent(s) (if any)				
	Date	Full name of pledgor out-of-state PAC (ID#:)		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta				
					Check if travel outsi	de of Texas. Complete Schedule T.
		cipal occupation	Pledgor's job	o titl∈	2	
	Pledgor's emp	oloyer/law firm	Law firm of p	oledg	gor's spouse (if any	()
	If pledgor is a	child, law firm of parent(s) (if any)				
	Date	Full name of pledgor out-of-state PAC (ID#:)		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		Check if travel outsi	, de of Texas. Complete Schedule T.
	Pledgor's prin	cipal occupation	Pledgor's job	title	_	
	Pledgor's emp	oloyer/law firm	Law firm of p	oledg	gor's spouse (if any	()
	If pledgor is a child, law firm of parent(s) (if any)					
		ATTACH ADDITIONAL COPIES	OF THIS SCHFI	וטכ	E AS NEEDED	
	If	contributor is out-of-state PAC, please see instru				equirements.

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instru	1 Total pages Schedule E(J):					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
⁴ TOTAL OF UNITE	MIZED LOANS		\$			
5 Date of loan 7	Name of lender Out-of-state PAC (I	D#:)	9 Loan Amount (\$)			
6 Is lender 8 a financial Institution?	Lender address; City;	State; Zip Code	10 Interest rate			
□ Y □ N			11 Maturity date			
12 Lender's Principal Occ	upation	13 Lender's Job Title				
14 Lender's Employer/Law	v Firm	15 Law Firm of lender's spous	e (if any)			
16 If lender is a child, law	firm of parent(s) (if any)					
17 Description of Collatera	18 Check if persona account (See Ins	Il funds were deposited into political structions)				
19 GUARANTOR 20 INFORMATION	Name of guarantor		22 Amount Guaranteed (\$)			
not applicable	Guarantor address; City;	State; Zip Code				
23 Guarantor's Principal C	Dccupation	24 Guarantor's Job Title				
25 Guarantor's Employer/	Law Firm	26 Law Firm of guarantor's spouse (if any)				
27 If guarantor is a child, law firm of parent(s) (if any)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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 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)

Credit Gald 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 Aust	in, 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 Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> 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 top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> 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/Politica		Event Expense Fees Food/Beverage Exper Gift/Awards/Memoria Legal Services	ls Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transporta Travel In E Travel Out	District Of District	Expense nt & Related Expense not listed above)
	1	The Instruction (Guide explain:	s how to c	omplete this form.	I		
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID	(Ethics Cor	mmission Filers)
4 TOTAL OF UNITEN	AIZED UN	IPAID INCURR		GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed	l at the top of this s	schedule)	(b) Description			
	(c)	Check if travel outside of 1	lexas. Complete Sc	hedule T.	Check if Aus	tin, TX, officeh	older living ex	pense
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-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed	d at the top of this s	schedule)	Description			
		Check if travel outside of	f Texas. Complete S	Schedule T.	Check if Au	ustin, TX, office	holder living e	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
	ΑΤΤΑ	CH ADDITIONAL	COPIES O	F THIS S	CHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics.	state.tx.us				Revised 1/1/2025

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

The Inst	truction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5 N	lame of person from whom investment is purchased	
6 A	Address of person from whom investment is purchased; Cit	y; State; Zip Code
7 D	Description of investment	
8 A	Amount of investment (\$)	
Date N	lame of person from whom investment is purchased	
A	Address of person from whom investment is purchased; City	; State; Zip Code
C	Description of investment	
A	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

	EVD	ENDITURE CAT			10(2)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po	Event Exp Fees Food/Beve de By Gift/Award litical Committee Legal Serv	ense erage Expense Is/Memorials Expense vices	Loan Rep Office Ov Polling E Printing B	payment/Reimb /erhead/Renta xpense Expense Wages/Contra	ursement Solicitati I Expense Transpo Travel Ir Travel C act Labor Other (e	n District out Of District nter a categor	nent & Related Expen y not listed above)
	n Guide explains how to co	omplete this form.		USE A NEW	PAGE FOR EACH C		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILEF	ID (Ethics	Commission Filer
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	ion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) C	Credit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	l dule)	(b) Descript	ion		
Non-Political	(C) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, offic	eholder living	expense
Ocomplete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	I
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) C	Credit Card Issuer Paid		
PAYEE	(a) Payee name	1	(b) Payee add	l dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories li	sted at the top of this sche	L dule)	(b) Descript	ion		
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, offi	ceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) C	Credit Card Issuer Paid		
PAYEE	(a) Payee name	ļ	(b) Payee add	l dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories li	sted at the top of this sche	l dule)	(b) Descript	ion		
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel out Candidate / Officeholder	tside of Texas. Complet name		ice Sought	Check if Austin, TX, or	fficeholder livir Office Held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FORI	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		C C	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER	NAME				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee	name					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee	address;		City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Categ	JOFY (See Categories listed at the top of this a	schedule)	(b) D	escription		
	(C)	Check if travel outside of Texas. Complete Se	chedule T.		Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name		Office	sought		Office held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Cateo	gory (See Categories listed at the top of this	schedule)	C	Description		
		Check if travel outside of Texas. Complete S	chedule T.		Check if Austin	n, TX, officeholder living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ndidate / Officeholder name		Office	sought		Office held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categ	JOFY (See Categories listed at the top of this :	schedule)	D	escription		
		Check if travel outside of Texas. Complete S	chedule T.		Check if Austin	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name		Office	sought		Office held
	A	TTACH ADDITIONAL COPIES C	OF THIS S	CHED	ULE AS NEED	ED	

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

SCHEDULE H

		EXPENDITURE CATE	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing B Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
,		The Instruction Guide expla	ains how to	complete this form.		
1 Total pages Schedule H:	2 FILER NA	ЪМЕ			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	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 S	Schedule T.	Check if Austin	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		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	schedule)	Description		
	c	heck if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		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	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name	I		
6 Amount (\$)	7 Payee address;	City	Sta	ate Zip Code
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding t	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding	type of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

Forms provided by Texas Ethics Commission

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	e; 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; Stat	te; 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	e; 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; Stat	te; Zip Code
Purpose for which amount is received Check if p	political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

OUTSTANDING LOANS

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

Th	e Instruction Guide explains how to complete this	form.	al pages Sched	ule L:
2 FILER NAME			er ID (Ethics C	ommission Filers)
LENDER INFORMATION	4 Name of lender			
	5 Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ASSETS PURCHASED WITH CONTRIBUTIONS	SCHEDULE M
If the requested information is not applicable, DO NOT include this page in tl	he report.
The Instruction Guide explains when and how to complete this form.	1 Total pages Schedule M:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

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

SCHEDULE T

The Instru	uction Guide	explains how to complete	e this form.	1 Total pages Schedule T:					
2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor /	[/] Corporation	or Labor Organization / Pledg	jor / Payee						
5 Contribution / Expend Schedule A2 Schedule F2	Sche	on: dule B Schedule B(dule F4 Schedule G	J) Schedul						
6 Dates of travel	7 Name of	person(s) traveling							
	8 Departure city or name of departure location								
	9 Destinat	on city or name of destinatio	n location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)									
Name of Contributor	/ Corporation	or Labor Organization / Pledg	gor / Payee						
Contribution / Expend	liture reported	on:							
Schedule A2	Sche	edule B Schedule B(J) Schedul	ile C2 Schedule D Schedule F1					
Schedule F2	Sche	edule F4	Schedul						
Dates of travel	Name o	person(s) traveling							
	Departu	e city or name of departure l	ocation						
	Destinat	on city or name of destinatio	n location						
Means of transportat	ion	Purpose of travel (incluc	ing name of confe	erence, seminar, or other event)					
Name of Contributor	Corporation	or Labor Organization / Pledo	gor / Payee						
Contribution / Expend	liture reported	on:							
Schedule A2	Sche	edule B Schedule B(J) Schedul	ile C2 Schedule D Schedule F1					
Schedule F2	Sche	edule F4 Schedule G	Schedul	le H Schedule COH-UC Schedule B-SS					
Dates of travel	Name o	person(s) traveling							
	Departu	e city or name of departure l	ocation						
	Destinat	on city or name of destinatio	n location						
Means of transportat	ion	Purpose of travel (incluc	ing name of confe	erence, seminar, or other event)					
	A	TACH ADDITIONAL COPI	ES OF THIS SCH	HEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	
		 Complete only if "Report Type" on page 1 is marked "Final 	Report" ••
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)
3	SIGNA		
5	l do not designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also u gn contributions or make any campaign expenditures without a campaign treasurer app	nderstand that I may not accept any
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	Α.	CAMPAIGN FUNDS	
	Chec	c only one:	
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.
		I have unexpended contributions or unexpended interest or income earned from polit may not convert unexpended political contributions or unexpended interest or incom personal use. I also understand that I must file an annual report of unexpended or unexpended contributions or unexpended interest or income earned on political contri filing this final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended
	В.	ASSETS	
	Chec	c only one:	
		I do not retain assets purchased with political contributions or interest or other income	e 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.	r income from political contributions to
		S	ignature of Candidate
5		EHOLDER plete 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 d file. 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 con political contributions or interest or other income from political contributions.	after filing the last required report as
		Sig	gnature of Officeholder

				OFFICE U	JSE ONLY
	AFFIDA CANDIDATE OR (ELECTRONIC FIL	OFFICEHOLDER:		Date Received	
	An exemption affidavit must be	e submitted with each paper rep	ort.	Date Hand-delivered	or Date Postmarked
Beginning on January	1, 2025, a candidate or officeho	older who has accepted more t	han		
\$33,910 in political con in <u>any</u> calendar year m	res	Receipt #	Amount \$		
				Date Processed	
Filer name		Filer ID #		Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the ______ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL			Signature	e of Filer	
Sworn to and subscribed before me by		th	is the	day of	
20, to certify which, witness my h	and and seal of office.	inistering eath		Title of officer	administering o
	OR	inistering bath		The of officer	administering o
(2) Unsworn Declaration					
My name is		, and my date of l	pirth is		
My address is(st	reet),,	(city)	<u>' (state)</u>	,,,,	(country)
	State of, on the	e day of _	(month)	, 20 (year)	
Executed in County,					