### AS IF - SPECIFIC-PURPOSE COMMITTEE

**CAMPAIGN FINANCE REPORT**

The AS IF-SPAC Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Total pages filed:</td>
</tr>
</tbody>
</table>

#### 3 FILER NAME

- **MS / MRS / MR**
- **FIRST**
- **MI**
- **NICKNAME**
- **LAST**
- **SUFFIX**

#### 4 FILER ADDRESS

- **ADDRESS / PO BOX**
- **APT / SUITE #**
- **CITY**
- **STATE**
- **ZIP CODE**

- **Change of Address**

#### 5 REPORT TYPE

- **January 15**
- **July 15**
- **30th day before election**
- **8th day before election**
- **Runoff**

#### 6 PERIOD COVERED

- **Month**
- **Day**
- **Year**
- **THROUGH**
- **Month**
- **Day**
- **Year**

#### 7 ELECTION

- **ELECTION DATE**
  - **Month**
  - **Day**
  - **Year**

- **ELECTION TYPE**
  - Primary
  - Runoff
  - Other
  - General
  - Special
  - Description

---

**GO TO PAGE 2**

---

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<table>
<thead>
<tr>
<th>8</th>
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<th>9</th>
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<table>
<thead>
<tr>
<th>10</th>
<th>EXPENDITURE PURPOSE</th>
<th></th>
<th>CANDIDATE / OFFICEHOLDER NAME</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>CANDIDATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OFFICEHOLDER</td>
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<table>
<thead>
<tr>
<th></th>
<th>SUPPORT (Candidate or Measure)</th>
<th></th>
<th>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th></th>
<th>OPPOSE (Candidate or Measure)</th>
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<th>DESCRIPTION</th>
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<table>
<thead>
<tr>
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<table>
<thead>
<tr>
<th>11</th>
<th>EXPENDITURE TOTALS</th>
<th></th>
<th>TOTAL UNITIMIZED POLITICAL EXPENDITURES</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. TOTAL POLITICAL EXPENDITURES</td>
<td>$</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>AFFIDAVIT</th>
</tr>
</thead>
</table>

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

__________________________
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ________________________________, this the __________ day of __________________________, 20_______. to certify which, witness my hand and seal of office.

__________________________
Signature of officer administering oath  
__________________________
Printed name of officer administering oath  
__________________________
Title of officer administering oath
| SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
## EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td></td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td></td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
<td></td>
</tr>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Awards/Memorials Expense</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Polling Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Wages/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Banking</td>
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<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td></td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td></td>
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<tr>
<td>Credit Card Payment</td>
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</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
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### Instructions

- The Instruction Guide explains how to complete this form.
- Complete ONLY if direct expenditure to benefit C/OH.

### Schedule F1

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
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<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
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</table>

<table>
<thead>
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<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
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</tbody>
</table>

<table>
<thead>
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<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Additional Information

- Attach additional copies of this schedule as needed.

---

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/14/2017
## UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
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</tr>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By Candidate/Officeholder/Political Committee</td>
<td></td>
</tr>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Awards/Memorials Expense</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Polling Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Wages/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
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The Instruction Guide explains how to complete this form.

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<th>2</th>
<th>FILER NAME</th>
<th>3</th>
<th>Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

### TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

| 4 | TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | $ |

<table>
<thead>
<tr>
<th>5</th>
<th>Date</th>
<th>6</th>
<th>Payee name</th>
<th>7</th>
<th>Amount ($)</th>
<th>8</th>
<th>Payee address;</th>
<th>9</th>
<th>TYPE OF EXPENDITURE</th>
<th>10</th>
<th>PURPOSE OF EXPENDITURE</th>
<th>11</th>
<th>Complete ONLY if direct expenditure to benefit C/OH</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Political</td>
<td></td>
<td>Category (See Categories listed at the top of this schedule)</td>
<td></td>
<td>Description</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Political</td>
<td></td>
<td>(b) Description</td>
<td></td>
<td>Check if Austin, TX, officeholder living expense</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(c) Check if travel outside of Texas. Complete Schedule T.</td>
<td></td>
<td>Check if Austin, TX, officeholder living expense</td>
</tr>
</tbody>
</table>

Complete ONLY if direct expenditure to benefit C/OH

| Date | Payee name | Amount ($) | Payee address; | City; State; Zip Code | TYPE OF EXPENDITURE | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | Check if Austin, TX, officeholder living expense | Check if Austin, TX, officeholder living expense |

Complete ONLY if direct expenditure to benefit C/OH

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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## EXPENDITURES MADE BY CREDIT CARD

### SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(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
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

### 1 Total pages Schedule F4: 3

### 2 FILER NAME

### 3 Filer ID (Ethics Commission Filers)

### 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD $

### 5 Date

### 6 Payee name

### 7 Amount ($) 1

### 8 Payee address;

### 9 TYPE OF EXPENDITURE

- [ ] Political
- [ ] Non-Political

### 10 PURPOSE OF EXPENDITURE

<table>
<thead>
<tr>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
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</thead>
</table>

### 11 (a) Category | (b) Description |

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>

### Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount ($)</th>
<th>Payee address;</th>
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</table>

<table>
<thead>
<tr>
<th>TYPE OF EXPENDITURE</th>
<th>Description</th>
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</table>

<table>
<thead>
<tr>
<th>Political</th>
<th>Non-Political</th>
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</table>

<table>
<thead>
<tr>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
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</table>

<table>
<thead>
<tr>
<th>Check if travel outside of Texas. Complete Schedule T.</th>
<th>Check if Austin, TX, officeholder living expense</th>
</tr>
</thead>
</table>

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 1/1/2020
# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
## FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.

<table>
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<tr>
<th>2</th>
<th>FILER NAME</th>
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<tbody>
<tr>
<td>4</td>
<td>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</td>
</tr>
<tr>
<td>5</td>
<td>Contribution / Expenditure reported on:</td>
</tr>
<tr>
<td>6</td>
<td>Dates of travel</td>
</tr>
<tr>
<td>7</td>
<td>Name of person(s) traveling</td>
</tr>
<tr>
<td>8</td>
<td>Departure city or name of departure location</td>
</tr>
<tr>
<td>9</td>
<td>Destination city or name of destination location</td>
</tr>
<tr>
<td>10</td>
<td>Means of transportation</td>
</tr>
<tr>
<td>11</td>
<td>Purpose of travel (including name of conference, seminar, or other event)</td>
</tr>
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| 3 | Filer ID (Ethics Commission Filers) |

**Filer ID (Ethics Commission Filers)**

<table>
<thead>
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<td>Schedule B</td>
<td>Schedule B(J)</td>
</tr>
<tr>
<td>Schedule B(J)</td>
<td>Schedule C2</td>
</tr>
<tr>
<td>Schedule C2</td>
<td>Schedule D</td>
</tr>
<tr>
<td>Schedule D</td>
<td>Schedule F1</td>
</tr>
<tr>
<td>Schedule F1</td>
<td>Schedule F2</td>
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<tr>
<td>Schedule F2</td>
<td>Schedule F4</td>
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<td>Schedule F4</td>
<td>Schedule G</td>
</tr>
<tr>
<td>Schedule G</td>
<td>Schedule H</td>
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<tr>
<td>Schedule H</td>
<td>Schedule COH-UC</td>
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<td>Schedule B-SS</td>
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**Schedule A2**

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<td>Schedule B(J)</td>
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<td>Schedule C2</td>
<td>Schedule D</td>
</tr>
<tr>
<td>Schedule D</td>
<td>Schedule F1</td>
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<tr>
<td>Schedule F1</td>
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<td>Schedule F2</td>
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<td>Schedule G</td>
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<td>Schedule COH-UC</td>
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<td>Schedule B-SS</td>
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**Schedule B(J)**

<table>
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<tbody>
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<td>Schedule B(J)</td>
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<td>Schedule B(J)</td>
<td>Schedule C2</td>
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<td>Schedule C2</td>
<td>Schedule D</td>
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<tr>
<td>Schedule D</td>
<td>Schedule F1</td>
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<tr>
<td>Schedule F1</td>
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<td>Schedule B-SS</td>
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**Schedule C2**

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<td>Schedule B(J)</td>
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<td>Schedule F1</td>
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<td>Schedule B-SS</td>
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**Schedule D**

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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*Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us)*

Revised 1/1/2020