# 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 C	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Summer		MI	EU EE	EUSEONLY
	NICKNAME	LAST Campbell		SUFFIX	At 0	O'Clock A IN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Goldthwaite TX 76844				N 16 2024 T County & District Clerk
Change of Address					I KID M	its County Texas
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON	Date rima celiver	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER	Mrs	Regina		L	Date Processed	
NAME	NICKNAME	LAST	••••••	SUFFIX	Date Processed	
		Seward		JUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / S			STATE;	ZIP CODE
TREASURER ADDRESS	12101036-2211		Goldth	nwaite	TX	76844
(Residence or Business)						
	1051 0005			<u></u>		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSI	ON		
PHONE	1.3030 - 5					
	1	The second second				
9 REPORT TYPE	January 15	30th day before e	election	off	treasurer	after campaign appointment Ider Only)
	July 15	8th day before el	ECHOIT	eeded Modified orting Limit		port (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Y	ear
COVERED	07	01 / 2023	THROUGH	12,	/ 31 /	2023
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other		
	11/ 08	2022 General	Special	Description		
		2022				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if know	n)	
	Mills Count	y Treasurer				
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICER	IOLDER'S KNOWLEDGE OR
COMMITTEE(S)		AND OFFICEHOLDERS ARE REQU	INED TO REPORT THIS INFO	RMATION ONLY IF	THEY RECEIVE NOTICE	OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
Additional Pages	GENERAL					
riddillondi i digoo	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS			
		GO TO	PAGE 2			

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Summer Campbell		16 Filer	ID (Ethics Con	nmission Filers)			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1	\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OI LAST DAY OF THE REPORTING PERIOD	F THE	\$	0.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is true guired to be reported by me under Title 15, Election Code.	ampl	ell.				
(1) Affidavit	(1) Affidavit						
NOTARY STAMP/SEA	before me by <u>Summer Campbell</u> this the	15th	day of J	- 2NUANJ			
	which, witness my hand and seal of office.	_ <b>,~</b>	y UI <u>}</u> [	· · · · · · · · · · · · · · · · · · ·			
us y	J Debby J. Giba		Wota	<u>~</u>			
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer	administering oath			
OR							
(2) Unsworn Declaration	on						
My name is	, and my date of birth is	\$					
		t					
		(state)	(zip code)	(country)			
Executed in	County, State of, on the day of (month	h)	_, 20 (year)				
	Signature of Candi	idate/Offic	eholder (Decla	arant)			

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME

_		
	20	Filer ID (Ethics Commission Filers)

	HEDULE SUBTOTALS ME OF SCHEDULE		IBTOTAL MOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00			
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	\$	0.00			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	хон \$	0.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	D \$	0.00			

### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

			· · · · · · · · · · · · · · · · · · ·						
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:						
2	FILER NAME		3 Filer ID (Ethics Commission Filers)						
4	Date	5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of contribution (\$)						
		<b>6</b> Contributor address; City; State; Z	1						
8	Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instructions)						
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
		Contributor address; City; State; Z	Zip Code						
	Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)						
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
		Contributor address; City; State; Z							
	Principal occup	pation / Job title (See Instructions) Employe	rer (See Instructions)						
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
		Contributor address; City; State; Z							
	Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)						
	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

				· · · · · · · · · · · · · · · · · · ·	
Т	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2:		
2 FILER NAM	ΛE		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor  aut-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description	
7 Contributor address; City; State; Zip Code			Chaoli if travel outsi	   	
10			L	de of Texas. Complete Schedule T.	
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI)		
	's principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)	
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributo	or 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	     de of Texas. Complete Schedule T.	
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI		
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 contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED		
	If contributor is out-of-state PAC, please see Instruct	ion guide fo	r additional reportin	g requirements.	

# PLEDGED CONTRIBUTIONS

#### SCHEDULE B

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule B:		
2	FILER NAME			3 Filer ID (Ethics Commission 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	ate; Zip Code			
				Check if travel outs	l . ide of Texas. Complete Schedule T.	
10	) Principal occu	pation / Job title (See Instructions)	Instructions)			
-	Date	Full name of pledgor 🗌 out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; St	ate; Zip Code		1	
				Check if travel outs	]. ide of Texas. Complete Schedule T.	
	Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor 🔲 out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; St	ate; Zip Code		   	
				Check if travel outs	l. ide of Texas. Complete Schedule T.	
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor 🔲 out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State				
				Check if travel outs	I . ide of Texas, Complete Schedule T.	
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)		
					· · · · · · · · · · · · · · · · · · ·	
L				***********		
	lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst			g requirements.	

#### LOANS

#### SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED 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 occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political lions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan		te PAC (ID#:) Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)		
none	none		· · · · · · · · · · · · · · · · · · ·	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE		
1 17.16	muer is out-or-state PAG, please see In	surround and the sources and the second s	sporting requirements.	

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES	-OK BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbu       Fees     Office Overhead/Rental B       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract		rhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME		······	3 Filer ID (Ethic:	s Commission Filers)	
4 Date	5 Payeena	ime			1		
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code	
8 BURROSE	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description	<u></u>		
PURPOSE OF EXPENDITURE							
	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Aust	in, TX, officeholder living	axpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description			
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought Office		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categon	/ (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
CALL AND	AT	TACH ADDITIONAL COPIE:	S OF THIS	SCHEDULE AS NE	EDED		

# **UNPAID INCURRED OBLIGATIONS**

SCHEDULE F2

+

							·····
		EXPENDITU	RE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services	s Expense	Office Over Potting Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundralsi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
······································		The Instruction G	uide explain	s how to c	omplete this form.		
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEN		IPAID INCURRI		BATION	S	\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Catego	гу (See Categories listed	at the top of this	schedute)	(b) Description		
	(c)	Check if travel outside of Te	exas, Complete So	chedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ididate / Officeholde	er name	0	ffice sought	Office h	eld
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE		Political		] Nan-Pa	litical		
PURPOSE OF EXPENDITURE	Catego	гу (See Categories listed	al the top of this	schedule)	Description		
		Check if travel outside of	Texas. Complete !	Schedule T,	Check if A	ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020							

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

T	he 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				
	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; Cit	y; State; Zip Code			
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS NEEDED			

Forms provided by Texas Ethics Commission

#### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District 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; Zip Code City; State; 9 TYPE OF Political Non-Political EXPENDITURE 10 (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 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made CandIdate/Officeholder/Polit Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME	· ·		3 Filer ID (Ethics (	Commission Filers)	
						Sommission Theray	
4 Date	5 Payee nar	ne					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austi			n, TX, officeholder living ex	nense	
9		late / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date	Payee na	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
EXPENDITORE		Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C		late / Officeholder name		Office sought		Office held	
Date	Payee na	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	s schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
	ATTA	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED		

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit Credit Card Payment		Event Expense Fees Cod/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer (D	(Ethics	Commission Filers)
4 Date	5 Business	aname			¥		
6 Amount (\$)	7 Business	address;		City;	S	tate;	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	chedule T.	Check if Austir	ı, TX, officeholder	living ex	pense
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought		C	Office held	
Date	Business	name					ernatud
Amount (\$)	Business	address;	*****	City;	S	tate;	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 living expense		pense					
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		C	Office held
Date	Business	s name					
Amount (\$)	Business	s address;		City;	S	itate;	Zip Code
PURPOSE OF EXPENDITURE	Category	7 (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.		Check if Austi	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		(	Office held
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 Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	Irding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Descríption (See required.)	instructions rega	arding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	a instructions rega	arding type o	f information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

The	dule K:				
2 FILER NAME	FILER NAME 3 Filer 1D (Ethics				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Sta	ite; Zip Code			
	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; St.	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	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; St	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** SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B 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 7 N 6 ..... -1 ( ) + .15

b Dates of travel	/ Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location					
10 Means of transportat	tion <b>11</b> Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expense	diture 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	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transporta	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, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

F			······			
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
		Complete only if Report type on page it is mai				
1	C/OH I	NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
4		WHO IS NOT AN OFFICEHOLDER aplete A & B below <i>only</i> if you are not an officeholder. ••				
	Α.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned political contributions and unexpended interest or income earned political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS				
	Chec	k only one:				
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
	Signature of Candidate					
╞╴						
5	5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
For	ms provid	ed by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020			