# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST James	мі К	OFFICE USE ONLY
NAME	NICKNAME	LAST Hill	SUFFIX	received by Ellie
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	Garcia on 7/2/25 a 4:36AM
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarke
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST <b>Mat</b> t	МІ	Receipt # Amount S  Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		Mildren		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S	:UITE #; CITY;	STATE; ZIP CODE
	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817 ) 632-5200			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			
	X July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year  / 01 / 2025	THROUGH 06	Day Year    30
11 ELECTION	ELECTION DA	TE Primary	ELECTION TYPE	
	Mornin Bay	General	Description Special	
12 OFFICE	OFFICE HELD (if any) TRWD Board of		13 OFFICE SOUGHT (if known	n)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IN IS MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		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 F	Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELECTOR		\$		
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$ 22,992.09		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS C G PERIOD	F THE \$		
	wear, or affirm, under penalty of perjury, to guired to be reported by me under Title 15, Is		ue and correct and includes all in	formation	
160	quired to be reported by the under this to, i	Elocion Code.			
			1.11		
			Cfall-)		
		Signature of C	andidate or Officeholder		
Please complete either option below:					
(1) Affidavit					
(1)7111100111					
NOTARY STAMP/SEA	.L				
			In #		
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 administe	ering oath Printed name of of	ficer administering oath	Title of officer administe	ering oath	
		OR			
(2) Unsworn Declarati	on				
My name is James Hill		and my date of birth i	s		
My address is			, USA		
,	(street)		(state) (zip code) (countr	y)	
Executed in Tarrant	` · · -	1 1	July, 2025		
	***************************************	mon			
		Simple of Odd	lidate/Officeholder (Declarant)	-	
		signature of Cano	indateronicentique (Deciarant)		

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	LITICAL 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 PER	SONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	TIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	DLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED	\$

### 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		(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		ATTACH ADDITIONAL COPIES		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The state of the s				
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor  ut-of-state PAC (ID#	Zip Code	8 Amount of 9 In-kind contribution Contribution \$   description	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (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 In-kind contribution description  Contribution \$ In-kind contribution description  Check if travel outside of Texas, Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n 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 1 If contributor is out-of-state PAC, please see Instruct			

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#### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	if the requested information is not applicable, DO NOT include this page in the report.					
	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 9 In-kind contribution of Pledge \$   description			
		Trieugor audress, Oity, State, Zip odde	Check if travel outside of Texas, Complete Schedule T.			
10	Principal occu	pation / Job title (See Instructions) 11 Employer (See	e Instructions)			
1	Date	Full name of pledgor	Amount In-kind contribution of Pledge \$ description			
		Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas, Complete Schedule T.			
F	Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)			
	Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ I description			
		Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas, Complete Schedule T.			
	Principal occu	pation / Job title (See Instructions) Employer (Se	e Instructions)			
	Date	Full name of pledgor	Amount of l In-kind contribution Pledge \$   description			
		Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas. Complete Schedule T.			
	Principal occup	eation / Job title (See Instructions)  Employer (See	e Instructions)			
	lf	ATTACH ADDITIONAL COPIES OF THIS SCHED contributor is out-of-state PAC, please see Instruction guide for				

### LOANS SCHEDULE E

	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
	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	7 Name of lender out-of-state F	PAC (ID#)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
	Y N			TT Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan		PAC (ID#)	Loan Amount (\$)		
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
	Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral		ateral	Check if personal fun account (See Instruct	ds were deposited into political cions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	on (See Instructions)	Employer (See Instructions)			
	If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI			

## 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense //Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Į.	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
3 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name	Office sought	office held
Date 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/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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date Zip Code City; State: 8 Payee address; **7** Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. (c) 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Zip Code City; State: Payee address: Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	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	ty; 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; Cit	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense e Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
EXPENDITURE	(c) Check if travel outside of Texas, Com	nplete Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule) Description	
	Check if travel outside of Texas. Cor	mplete Schedule T. Check if /	Austin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor Other	vel Out Of District er (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 F	iler 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) 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, o	fficeholder 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 (\$)  Reimbursement from political contributions	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, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if Iravel outside of Texas, Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### 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

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	g Expense Food/Beverage Expense Polling Expense ons/Donations Made By Gift/Awards/Memorials Expense printing Expense ste/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		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 NAME		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Business name	**	
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 Schedule T	. Check if Austin	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Schedule T	Check if Austin	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Schedule	T. Check if Austii	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	EDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE 1

The Instruction Guide explains how to complete this form.					
h =			3 Filer ID	(Ethics Co.	nmission Filers)
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 FILET ID	(Etilics Col	IIIIII33IUII I IICI3)
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)	ınstructions regai	ding type of	ınformatıan
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	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.)	nstructions rega	rding type of	ınformatıon
Date	Payee name				
Amount (\$)	Payee address:	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (See required,)	e instructions rega	irding 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,			dule K		
2 FILER NA	ME	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, Sta	ate; 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	f 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	tate; Zip Code			
	Purpose for which amount is received Check if	f 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

If the requested information is not applicable, bo not include this page in the report.						
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:				
2 FILER NAME	FILER NAME  3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Schedule F2 Sche	2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
	Dates of travel  7 Name of person(s) traveling  8 Departure city or name of departure location					
9 Destination city or name of destination location						
10 Means of transportation  11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:  Schedule 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						
Departu	Departure city or name of departure location					
Destinat	ion city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)				
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported  Schedule A2 Schedule F2 Schedule F2	ile B Schedule B(J) Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
Dates of travel Name o	f person(s) traveling					
Departu	Departure city or name of departure location					
Destinat	ion 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

	The Instruction Guide explains how to complete this form.						
	Complete only if "Report Type" on page 1 is marked "Final Report"						
1	C/OH N	C/OH 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.						
		Signature of Candidate / Officeholder					
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder.						
	A.	CAMPAIGN FUNDS					
	Check	conly one:					
		I do not have unexpended contributions or unexpended interest or income 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 longer than six years 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 in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS					
	Check	conly 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					
_	OFFICE	EHOLDER					
5		PHOLDER  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 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.					
		Signature of Officeholder					