RIGOBERTO
BOCANEegra
### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1 Filer ID ( Ethics Commission Filer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Total pages filed: 27 pages</td>
</tr>
</tbody>
</table>

#### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN 16 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAMEROON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIVED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Hand-delivered or Date Postmarked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive: 11:29 AM, 1/16/2018</td>
</tr>
</tbody>
</table>

### CANDIDATE / OFFICEHOLDER NAME

<table>
<thead>
<tr>
<th>MS / MRS (M)</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>NICKNAME</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rigoberto</td>
<td>&quot;Rigo&quot;</td>
<td>Bocanegra</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OFFICEHOLDER MAILING ADDRESS

<table>
<thead>
<tr>
<th>ADDRESS / PO BOX; APT / SUITE #</th>
<th>CITY; STATE; ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1165 Champlain Drive</td>
<td>Brownsville, Texas 78526</td>
</tr>
</tbody>
</table>

### CANDIDATE / OFFICEHOLDER PHONE

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(956)</td>
<td>589-5440</td>
<td></td>
</tr>
</tbody>
</table>

### CAMPAIGN TREASURER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>NICKNAME</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aida A. Montana - Flores</td>
<td></td>
<td></td>
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</table>

### CAMPAIGN TREASURER ADDRESS

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #</th>
<th>CITY; STATE; ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>603 E. St. Charles Street</td>
<td>Brownsville, Texas 78520</td>
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### CAMPAIGN TREASURER PHONE

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(956)</td>
<td>507-0247</td>
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### REPORT TYPE

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
<td>January</td>
<td>15</td>
<td>2017</td>
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### PERIOD COVERED

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>07</td>
<td>15</td>
<td>2017</td>
</tr>
</tbody>
</table>

### ELECTION

<table>
<thead>
<tr>
<th>ELECTION DATE</th>
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<tbody>
<tr>
<td>03/06/2018</td>
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</table>

### ELECTION TYPE

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
</tr>
</tbody>
</table>

### OFFICE

<table>
<thead>
<tr>
<th>OFFICE HELD</th>
<th>OFFICE Sought (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Cameron County Commissioner Precinct 2</td>
</tr>
</tbody>
</table>

**GO TO PAGE 2**
### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH

**14 C/OH NAME**

**15 Filer ID (Ethics Commission Filers)**

#### 16 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Général</td>
<td></td>
</tr>
<tr>
<td>Specific</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
</tr>
</thead>
</table>

#### 17 CONTRIBUTION TOTALS

1. **TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED** $  

2. **TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)** $  

3. **TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED** $  

4. **TOTAL POLITICAL EXPENDITURES** $  

#### EXPENDITURE TOTALS

5. **TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD** $  

#### CONTRIBUTION BALANCE

6. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD** $  

#### OUTSTANDING LOAN TOTALS

#### 18 AFFIDAVIT

![Notary Stamp]

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 Candidate or Officeholder

Sworn to and subscribed before me, by the said **Rigoberto "Rigo" Bocanegra** on the day of **January 20, 2018**, 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

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us

Revised 9/8/2015
### MONETARY POLITICAL CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Amount of contribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/25/17</td>
<td>Caring For You Home Health</td>
<td></td>
<td></td>
<td></td>
<td>$500.00</td>
</tr>
<tr>
<td>9/25/17</td>
<td>Luis E. Melendez</td>
<td></td>
<td></td>
<td></td>
<td>$300.00</td>
</tr>
<tr>
<td>8/22/17</td>
<td>Brownsville Firefighters Association Local 970</td>
<td></td>
<td></td>
<td></td>
<td>$500.00</td>
</tr>
<tr>
<td>10/20/17</td>
<td>Hilda Hernandez</td>
<td></td>
<td></td>
<td></td>
<td>$100.00</td>
</tr>
</tbody>
</table>

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.
<table>
<thead>
<tr>
<th>SCHEDULE SUBTOTALS</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>SCHEDULE E: LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$1,889.34</td>
</tr>
<tr>
<td>6.</td>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
</tr>
<tr>
<td>9.</td>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
</tbody>
</table>

Filer ID (Ethics Commission Filers)
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Name</th>
<th>Payee Address</th>
<th>City; State; Zip Code</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-18-17</td>
<td>Los Camperos Restaurant</td>
<td>2500 N. Expressway 77</td>
<td>Brownsville, TX 78526</td>
<td>Beverage</td>
<td>Check if outside of Texas. Complete Schedule T.</td>
</tr>
<tr>
<td>9-19-17</td>
<td>McDonald's</td>
<td>117 America Drive</td>
<td>Brownsville, TX 78526</td>
<td>Food/Revenue Expense</td>
<td>Check if Austin, TX, officeholder living expense</td>
</tr>
<tr>
<td>9-20-17</td>
<td>Palenque Grill</td>
<td>4227 N. Expressway 77</td>
<td>Brownsville, TX 78526</td>
<td>Food/Revenue Expense</td>
<td>Check if outside of Texas. Complete Schedule T.</td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
### EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
</tbody>
</table>

#### FILER NAME
- **Filer ID** (Ethics Commission Filer)

#### PAYEE INFORMATION

**Payee Name:** Chick-Fil-A
- **Address:** 2150 Ruben M. Torres Blvd, Brownsville, TX 78526

**Date:** 9-15-17

**Amount ($):** $18,30

#### PURPOSE OF EXPENDITURE
- **Category:** Food/Beverage Expense

#### PAYEE INFORMATION

**Payee Name:** Cracker Barrel
- **Address:** 110 Bass Pro Drive, Harlingen, TX 78550

**Date:** 9-15-17

**Amount ($):** $28.73

#### PURPOSE OF EXPENDITURE
- **Category:** Food/Beverage Expense

#### PAYEE INFORMATION

**Payee Name:** Super Cream Restaurant
- **Address:** 1014 Ruben M. Torres Sr. Blvd, Brownsville, TX 78521

**Date:** 9-15-17

**Amount ($):** $33.16

#### PURPOSE OF EXPENDITURE
- **Category:** Food/Beverage Expense

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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**

**Revised 9/8/2015**
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-6-17</td>
<td>McDonald's</td>
<td>117 America Dr. Brownsville, Texas 78520</td>
<td>Food/Beverage Expense</td>
<td>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td>
</tr>
<tr>
<td>9-7-17</td>
<td>McDonald's</td>
<td>117 America Dr. Brownsville, Texas 78520</td>
<td>Food/Beverage Expense</td>
<td>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td>
</tr>
<tr>
<td>9-7-17</td>
<td>Ricardo's Restaurant</td>
<td>425 E. 10th Street Brownsville, TX 78521</td>
<td>Food/Beverage Expenses</td>
<td>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td>
</tr>
</tbody>
</table>
### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

*The Instruction Guide explains how to complete this form.*

<table>
<thead>
<tr>
<th>1 Total pages Schedule F1</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filers)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>4 Date</th>
<th>5 Payee name</th>
<th>6 Amount ($)</th>
<th>7 Payee address; City; State; Zip Code</th>
<th>8 Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-7-17</td>
<td>Sunoco</td>
<td>48.64</td>
<td>840 E. Ruben M. Torres Blvd Brownsville, TX 78526</td>
<td>Transportation &amp; Related Expenses</td>
<td>☑ Check if travel outside of Texas. Complete Schedule T.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Date</th>
<th>5 Payee name</th>
<th>6 Amount ($)</th>
<th>7 Payee address; City; State; Zip Code</th>
<th>8 Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-8-17</td>
<td>Yukis</td>
<td>16.21</td>
<td>2100 FM 802 Brownsville, TX 78526</td>
<td>Food/Beverage Expenses</td>
<td>☑ Check if travel outside of Texas. Complete Schedule T.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Date</th>
<th>5 Payee name</th>
<th>6 Amount ($)</th>
<th>7 Payee address; City; State; Zip Code</th>
<th>8 Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-11-17</td>
<td>frullath</td>
<td>9.00</td>
<td>2370 N. Expressway Brownsville, TX 78526</td>
<td>Food/Beverage Expenses</td>
<td>☑ Check if travel outside of Texas. Complete Schedule T.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS
### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)
- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officeholder/Political Committee
- Credit Card Payments
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Award/Memorial Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political 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.

<table>
<thead>
<tr>
<th>1 Total pages Schedule F1:</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filer)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4 Date: 9-21-17
- **Payee name**: Chick-Fil-A
- **Amount ($)**: $15.04
- **Payee address**: 2150 Ruben M. Torres Sr. Blvd
  Brownsville, TX 78526

#### 8 Purpose of Expenditure
- **Category**: Food/Beverage Expenses
- **Description**:
  - Check If travel outside of Texas. Complete Schedule T.
  - Check If Austin, TX; officeholder living expense

#### 9 Complete ONLY if direct expenditure to benefit C/OH
- **Candidate / Officeholder name**: Office sought
- **Date**: 9-22-17
- **Payee name**: Grafik Spot
- **Amount ($)**: $100.00
- **Payee address**: 1265 N. Expressway 83
  Brownsville, TX 78526
- **Category**: Advertising Expense
- **Description**:
  - Check If travel outside of Texas. Complete Schedule T.
  - Check If Austin, TX; officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**
- **Candidate / Officeholder name**: Office sought
- **Date**: 9-26-17
- **Payee name**: Whataburger
- **Amount ($)**: $23.08
- **Payee address**: 6100 Ruben Torres Blvd
  Brownsville, TX 78521
- **Category**: Food/Beverage Expense
- **Description**:
  - Check If travel outside of Texas. Complete Schedule T.
  - Check If Austin, TX; officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**
- **Candidate / Officeholder name**: Office sought
  - **Office held**

---

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

Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 9/8/2015
**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expenses
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayments/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Pilot/Equipment Expense
- Salary/Agreement/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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-25-17</td>
<td>Walmart Supercenter</td>
<td>8205 Juan Torres Blvd, Brownsville, TX 78520</td>
</tr>
<tr>
<td>9-29-17</td>
<td>Ricardo's Restaurant</td>
<td>425 E. 10th Street, Brownsville, TX 78520</td>
</tr>
<tr>
<td>9-29-17</td>
<td>Ricardo's Restaurant</td>
<td>425 E. 10th Street, Brownsville, TX 78520</td>
</tr>
</tbody>
</table>

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/8/2015
### EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Event Expense
- Loan Repayment/Reimbursement
- Solicitation/Fundraising Expense
- Accounting/Banking
- Food/Beverage Expense
- Office Overhead/Rental Expense
- Travel in District
- Consulting Expense
- Gift/Awards/Memorials Expense
- Polling Expense
- Travel Out Of District
- Contributions/Donations Made By
- Legal Services
- Printing Expense
- Salaries/Wages/Contract Labor
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

### 1 Total pages Schedule F1

### 2 FILER NAME

- **Grahik Sop**

### 3 Filer ID (Ethics Commission Filers)

### 4 Date

- **10-2-17**

### 5 Payee name

- **Grahik Sop**

### 6 Amount ($)

- **270.63**

### 7 Payee address; City; State; Zip Code

- **1205 N. Expressway 83 Brownsville, TX 78520**

### 8 PURPOSE OF EXPENDITURE

- **Advertising Expense**

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

#### Candidate / Officeholder name: Office sought

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-5-17</td>
<td><strong>Ricardo's Restaurant</strong></td>
<td><strong>$12.12</strong></td>
<td><strong>425 E. 10th Street Brownsville, TX 78521</strong></td>
<td><strong>Food/Beverage Expense</strong></td>
<td>Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense</td>
</tr>
<tr>
<td>10-5-17</td>
<td><strong>Campos Grill</strong></td>
<td><strong>$97.36</strong></td>
<td><strong>2500 N. Expressway 77 Brownsville, TX 78526</strong></td>
<td><strong>Food/Beverage Expense</strong></td>
<td>Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense</td>
</tr>
</tbody>
</table>

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission - www.ethics.state.tx.us Revised 9/8/2015
### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORIES FOR BOX 8(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
</tr>
<tr>
<td>Accounting/Banking</td>
</tr>
<tr>
<td>Consulting Expense</td>
</tr>
<tr>
<td>Contributions/Made By</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
</tr>
<tr>
<td>Credit Card Payment</td>
</tr>
<tr>
<td>Event Expense</td>
</tr>
<tr>
<td>Face</td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
</tr>
<tr>
<td>Gift/Awards/Memorials/Expense</td>
</tr>
<tr>
<td>Legal Services</td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
</tr>
<tr>
<td>Polling Expense</td>
</tr>
<tr>
<td>Printing Expense</td>
</tr>
<tr>
<td>Salaries/Allowances/Contract Labor</td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Travel In District</td>
</tr>
<tr>
<td>Travel Out Of District</td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1 Total pages Schedule F1:</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Date</td>
<td>10-10-17</td>
<td></td>
</tr>
<tr>
<td>5 Payee name</td>
<td>Grafik Spot</td>
<td></td>
</tr>
<tr>
<td>6 Amount ($)</td>
<td>170.00</td>
<td></td>
</tr>
<tr>
<td>7 Payee address; City; State; Zip Code</td>
<td>1265 N. Expressway 83 Brownsville, TX 78520</td>
<td></td>
</tr>
</tbody>
</table>

**PURPOSE OF EXPENDITURE**

- Category (See Categories listed at the top of this schedule): Advertising Expense

**Complete ONLY if direct expenditure to benefit C/O/H**

<table>
<thead>
<tr>
<th>Date</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-19-17</td>
<td>Grafik Spot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td>158.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payee address; City; State; Zip Code</td>
<td>1265 N. Expressway 83 Brownsville, TX 78520</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PURPOSE OF EXPENDITURE**

- Category (See Categories listed at the top of this schedule): Advertising Expense

**Complete ONLY if direct expenditure to benefit C/O/H**

<table>
<thead>
<tr>
<th>Date</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-23-17</td>
<td>Grafik Spot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td>54.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payee address; City; State; Zip Code</td>
<td>1265 N. Expressway 83 Brownsville, TX 78520</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PURPOSE OF EXPENDITURE**

- Category (See Categories listed at the top of this schedule): Advertising Expense

**Complete ONLY if direct expenditure to benefit C/O/H**

<table>
<thead>
<tr>
<th>Date</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-23-17</td>
<td>Grafik Spot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td>54.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### Schedule F1

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORIES FOR BOX 8(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
</tr>
<tr>
<td>Accounting/Banking</td>
</tr>
<tr>
<td>Consulting Expense</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
</tr>
<tr>
<td>Credit Card Payment</td>
</tr>
<tr>
<td>Event Expense</td>
</tr>
<tr>
<td>Fee</td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
</tr>
<tr>
<td>Gift/Awards/Memorials Expense</td>
</tr>
<tr>
<td>Legal Services</td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
</tr>
<tr>
<td>Polling Expense</td>
</tr>
<tr>
<td>Printing Expense</td>
</tr>
<tr>
<td>Security/Equipment/Contract Labor</td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
</tr>
<tr>
<td>Transportation/Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Travel in District</td>
</tr>
<tr>
<td>Travel Out Of District</td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1 Total pages Schedule F1:</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Date</td>
<td>5 Payee name</td>
<td>6 Amount ($)</td>
</tr>
<tr>
<td>10-25-17</td>
<td>Enrique Lerma</td>
<td>$500.00</td>
</tr>
<tr>
<td>6 Amount ($)</td>
<td>7 Payee address; City; State; Zip Code</td>
<td>8 (a) Category (See Categories listed at the top of this schedule)</td>
</tr>
<tr>
<td></td>
<td>15 Providencia Court Brownsville, TX 78521</td>
<td>Advertising Expense</td>
</tr>
</tbody>
</table>

(b) Description
- Check if travel outside of Texas. Complete Schedule T.
- Check if Austin, TX, officeholder living expense

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/O/H</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Payee name</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td>10-26-17</td>
<td>Lins Buffet</td>
<td>2988 N. Expressway Brownsville, TX 78526</td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td>Category (See Categories listed at the top of this schedule)</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>$15.13</td>
<td>Food/Beverage Expenses</td>
<td>Check if travel outside of Texas. Complete Schedule T.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check if Austin, TX, officeholder living expense</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete ONLY if direct expenditure to benefit C/O/H</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Payee name</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td>10-31-17</td>
<td>Las Cazuelitas</td>
<td>220 Palm Blvd Brownsville, TX 78520</td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td>Category (See Categories listed at the top of this schedule)</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>$24.87</td>
<td>Food/Beverage Expenses</td>
<td>Check if travel outside of Texas. Complete Schedule T.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check if Austin, TX, officeholder living expense</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete ONLY if direct expenditure to benefit C/O/H</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission
www.ethics.state.tx.us
Revised 9/6/2015
### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fee</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Award/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/Travel 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>
<td></td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>Date</th>
<th>11-6-17</th>
<th>Payee name</th>
<th>Chick-Fil-A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>$17.60</td>
<td>Payee address;</td>
<td>2150 Ruben H. Torres sr. Blvd. Brownsville, TX 78520</td>
</tr>
</tbody>
</table>

8

#### PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

- Food / Beverage Expense

(b) Description

- Check if travel outside of Texas. Complete Schedule T.
- Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>11-9-17</th>
<th>Payee name</th>
<th>Sunoco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>$7.83</td>
<td>Payee address;</td>
<td>840 E. Ruben Torres Brownsville, TX 78520</td>
</tr>
</tbody>
</table>

#### PURPOSE OF EXPENDITURE

- Transportation Equipment & Related Expense

Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>11-10-17</th>
<th>Payee name</th>
<th>Grafik Spot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>$ 54.13</td>
<td>Payee address;</td>
<td>1265 N. Expressway 83 Brownsville, TX</td>
</tr>
</tbody>
</table>

#### PURPOSE OF EXPENDITURE

- Advertising Expense

Complete ONLY if direct expenditure to benefit C/OH

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2016
# Political Expenditures Made from Political Contributions

## Schedule F1

### Expenditure Categories for Box 8(a)

<table>
<thead>
<tr>
<th>Category/Expense</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Bookkeeping</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>Credit Card Payment</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/Favors/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/Travel Expense</td>
<td></td>
</tr>
<tr>
<td>Political Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Advances/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expenses</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>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

### 1. Total pages Schedule F1: 2

#### 4. Date

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-30-17</td>
</tr>
</tbody>
</table>

#### 5. Payee name

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harland Clarke</td>
</tr>
</tbody>
</table>

#### 6. Amount ($)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.59</td>
</tr>
</tbody>
</table>

#### 7. Payee address; City; State; Zip Code

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>15955 La Cantera Parkway</td>
<td>San Antonio</td>
<td>Texas</td>
<td>78526</td>
</tr>
</tbody>
</table>

#### 8. Purpose of Expenditure

(a) Category (See Categories listed at the top of this schedule)

- Purchasing checks
- Accounting/Bookkeeping

(b) Description

- Check if travel outside of Texas. Complete Schedule T.
- Check if Austin, TX, officeholder living expense

### 9. Complete only if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-5-17</td>
<td>McDonald's</td>
<td>117 America Drive Brownsville, Texas 78526</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10. Purpose of Expenditure

- Food/Beverage Expense

#### 11. Description

- Check if travel outside of Texas. Complete Schedule T.
- Check if Austin, TX, officeholder living expense

### 12. Complete only if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-6-17</td>
<td>Sunoco</td>
<td>840 E. Ruben Torres Brownsville, Texas 78520</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 13. Purpose of Expenditure

- Food/Beverage Expense

#### 14. Description

- Check if travel outside of Texas. Complete Schedule T.
- Check if Austin, TX, officeholder living expense

### Attach Additional Copies of This Schedule as Needed

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/8/2015
<table>
<thead>
<tr>
<th>LOANS</th>
<th>SCHEDULE E</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Instruction Guide explains how to complete this form.</td>
<td>1 Total pages Schedule E:</td>
</tr>
<tr>
<td>2 FILER NAME</td>
<td>3 Filer ID (Ethics Commission Filer)</td>
</tr>
<tr>
<td>4 TOTAL OF UNITEMIZED LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5 Date of loan</td>
<td>7 Name of lender</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Is lender a financial institution?</td>
<td>8 Lender address; City; State; Zip Code</td>
</tr>
<tr>
<td>Y  N</td>
<td>12 Principal occupation / Job title (See Instructions)</td>
</tr>
<tr>
<td>14 Description of Collateral</td>
<td>15 Check if personal funds were deposited into political account (See Instructions)</td>
</tr>
<tr>
<td></td>
<td>16 GUARANTOR INFORMATION</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of loan</td>
<td>Name of lender</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is lender a financial institution?</td>
</tr>
<tr>
<td>Y  N</td>
<td>Principal occupation / Job title (See Instructions)</td>
</tr>
<tr>
<td>Description of Collateral</td>
<td>Check if personal funds were deposited into political account (See Instructions)</td>
</tr>
<tr>
<td></td>
<td>23</td>
</tr>
<tr>
<td>GUARANTOR INFORMATION</td>
<td>Name of guarantor</td>
</tr>
<tr>
<td></td>
<td>Guarantor address; City; State; Zip Code</td>
</tr>
<tr>
<td></td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</td>
<td></td>
</tr>
<tr>
<td>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</td>
<td></td>
</tr>
</tbody>
</table>
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"**

<table>
<thead>
<tr>
<th>1</th>
<th>C/OH NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Filer ID (Ethics Commission Filers)</td>
</tr>
</tbody>
</table>

3 SIGNATURE

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 only one:

- [ ] I do not have unexpended contributions or unexpended interest or income earned from political contributions.

- [x] 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 only one:

- [ ] I do not retain assets purchased with political contributions or interest or other income from political contributions.

- [x] 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 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.

Signature of Officeholder
## Interest, Credits, Gains, Refunds, and Contributions Returned to Filer

<table>
<thead>
<tr>
<th>The Instruction Guide explains how to complete this form.</th>
<th>1</th>
<th>Total pages Schedule K:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Name of person from whom amount is received</th>
<th>Amount ($)</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Name of person from whom amount is received</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Address of person from whom amount is received; City; State; Zip Code</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Name of person from whom amount is received</th>
<th>Amount ($)</th>
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<tr>
<td>7</td>
<td>Purpose for which amount is received</td>
<td>Check if political contribution returned to filer</td>
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<th>Name of person from whom amount is received</th>
<th>Amount ($)</th>
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<td>8</td>
<td>Name of person from whom amount is received</td>
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<tr>
<td>9</td>
<td>Address of person from whom amount is received; City; State; Zip Code</td>
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### Attach Additional Copies of This Schedule As Needed

Forms provided by Texas Ethics Commission  [www.ethics.state.tx.us](http://www.ethics.state.tx.us)  Revised 9/8/2015
### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### Schedule T

The Instruction Guide explains how to complete this form.

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<th>5</th>
<th>Contribution / Expenditure reported on:</th>
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<td>6</td>
<td>Dates of travel</td>
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<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>
</tbody>
</table>

#### Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

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</tr>
</thead>
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<tr>
<td>Name of person(s) traveling</td>
</tr>
<tr>
<td>Departure city or name of departure location</td>
</tr>
<tr>
<td>Destination city or name of destination location</td>
</tr>
<tr>
<td>Means of transportation</td>
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<tr>
<td>Purpose of travel (including name of conference, seminar, or other event)</td>
</tr>
</tbody>
</table>

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<tr>
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</tr>
</tbody>
</table>

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

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/8/2015
## 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 Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gifts/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political 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 H: 2 FILER NAME 3 Filer ID (Ethics Commission Filer)

#### 4 Date

#### 5 Business name

#### 6 Amount ($) 7 Business address; City; State; Zip Code

#### 8 PURPOSE OF EXPENDITURE

<table>
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<tr>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
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<tr>
<td></td>
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#### 9 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>
</thead>
</table>

#### Business name

#### Date

#### Amount ($) Business address; City; State; Zip Code

#### PURPOSE OF EXPENDITURE

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#### Business name

#### Date

#### Amount ($) Business address; City; State; Zip Code

#### PURPOSE OF EXPENDITURE

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<th>Office sought</th>
<th>Office held</th>
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</table>

#### Business name

#### Date

#### Amount ($) Business address; City; State; Zip Code

#### PURPOSE OF EXPENDITURE

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

#### Business name

#### Date

#### Amount ($) Business address; City; State; Zip Code

#### PURPOSE OF EXPENDITURE

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<td></td>
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<thead>
<tr>
<th>Candidate / Officeholder name</th>
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<th>3 Filer ID  (Ethics Commission Filers)</th>
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<tr>
<td>6 Amount ($)</td>
<td></td>
<td>7 Payee address; City; State; Zip Code</td>
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<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td>(a) Category (See instructions for examples of acceptable categories.)</td>
<td>(b) Description (See instructions regarding type of information required.)</td>
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<tr>
<td>Date</td>
<td></td>
<td>Payee name</td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td></td>
<td>Payee address; City; State; Zip Code</td>
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<td>Payee name</td>
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<tr>
<td>Amount ($)</td>
<td></td>
<td>Payee address; City; State; Zip Code</td>
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<td>Category (See instructions for examples of acceptable categories.)</td>
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<tr>
<td>Date</td>
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<td>Payee name</td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td></td>
<td>Payee address; City; State; Zip Code</td>
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<td>Category (See instructions for examples of acceptable categories.)</td>
<td>Description (See instructions regarding type of information required.)</td>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)
- Advertising Expense
- Accounting/Bookkeeping
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Fee
- Food/average Expense
- Gift/Awards/Mementos Expense
- Legal Services
- Loan Repayment/Reimbursment
- Office Overhead/Personal Expense
- Publicity Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expenses
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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<th>TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</th>
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<thead>
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<th>Date</th>
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<td>(b) Description</td>
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<td>Check if Austin, TX, officeholder living expense</td>
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<tr>
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<th>Office sought</th>
<th>Office held</th>
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<tbody>
<tr>
<td>Date</td>
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## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/8/2016
**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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<td>Check if Austin, TX, officeholder living expense</td>
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<td>Consulting Expense</td>
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<td>Contributions/Donations Made By</td>
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<td>Candidate/Officeholder/Political Committee</td>
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<td>Credit Card Payment</td>
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<td>Fees</td>
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<td>Gift/Award/Memorials Expenses</td>
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<td>Legal Services</td>
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<td>Loan/Repayment/Reimbursement</td>
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<td>Office Overhead/Rent Expense</td>
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<td>Political Expense</td>
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<td>Printing Expense</td>
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<td>Solicitation/Fundraising Expense</td>
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<td>Transportation Equipment &amp; Related Expenses</td>
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<td>Travel Out Of District</td>
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The Instruction Guide explains how to complete this form.

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</tr>
<tr>
<td>6. Amount ($)</td>
<td>7. Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Description</td>
<td></td>
</tr>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>(b) Description</td>
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Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
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</tr>
<tr>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td>Reimbursement from political contributions intended</td>
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Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Date</td>
<td>Payee name</td>
<td></td>
</tr>
<tr>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td>Reimbursement from political contributions intended</td>
<td></td>
<td></td>
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</tbody>
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<tr>
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<tr>
<td>Date</td>
<td>Payee name</td>
<td></td>
</tr>
</tbody>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015
## UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

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

<table>
<thead>
<tr>
<th>Advertising Expense</th>
<th>Event Expense</th>
<th>Loan Repayment/Reimbursement</th>
<th>Solicitation/Fundraising Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Bookkeeping</td>
<td>Fees</td>
<td>Office Overhead/Rental Expense</td>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Consulting Expense</td>
<td>Food/Beverage Expense</td>
<td>Polling Expense</td>
<td>Travel in District</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td>Gift/Award/Memorial Expense</td>
<td>Printing Expense</td>
<td>Travel Cut Off District</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td>Legal Services</td>
<td>Salaries/Wages/Contract Labor</td>
<td>Other (enter category not listed above)</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filer(s)) |

| 4 TOTAL OF UNITIZED UNPAID INCURRED OBLIGATIONS | $ |

| 5 Date | 6 Payee name |

| 7 Amount ($) | 8 Payee address; City; State; Zip Code |

<table>
<thead>
<tr>
<th>9 TYPE OF EXPENDITURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Political</td>
<td>☐ Non-Political</td>
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</table>

<table>
<thead>
<tr>
<th>10 PURPOSE OF EXPENDITURE</th>
<th>a) Category (See Categories listed at the top of this schedule)</th>
<th>b) Description</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>☐ Check if travel outside of Texas. Complete Schedule T.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Check if Austin, TX, officeholder hiring expense</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>11 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Payee name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Amount ($) | Payee address; City; State; Zip Code |

<table>
<thead>
<tr>
<th>TYPE OF EXPENDITURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Political</td>
<td>☐ Non-Political</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PURPOSE OF EXPENDITURE</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
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<tbody>
<tr>
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<td>☐ Check if travel outside of Texas. Complete Schedule T.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Check if Austin, TX, officeholder hiring expense</td>
<td></td>
</tr>
</tbody>
</table>

| Candidate / Officeholder name | Office sought | Office held |

---

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---

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### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

<table>
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<tr>
<th>2 FILER NAME</th>
<th>1 Total pages Schedule F3:</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>3 Filter ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

#### 4 Date

<table>
<thead>
<tr>
<th>5 Name of person from whom investment is purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| 6 Address of person from whom investment is purchased; |</p>
<table>
<thead>
<tr>
<th>City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 Description of investment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 Amount of investment ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of person from whom investment is purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Address of person from whom investment is purchased; |</p>
<table>
<thead>
<tr>
<th>City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of investment ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td><strong>SCHEDULE A2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The Instruction Guide explains how to complete this form.</strong></td>
<td>1 Total pages Schedule A2:</td>
<td></td>
</tr>
<tr>
<td><strong>2 FILER NAME</strong></td>
<td>3 Filer ID (Ethics Commission Filers)</td>
<td></td>
</tr>
<tr>
<td><strong>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>5 Date</strong></td>
<td><strong>6 Full name of contributor</strong></td>
<td><strong>8 Amount of Contribution</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7 Contributor address; City; State; Zip Code</strong></td>
<td><strong>9 In-kind contribution description</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Box: Check if travel outside of Texas. Complete Schedule T.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</strong></td>
<td><strong>11 Employer (FOR NON-JUDICIAL) (See Instructions)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12 Contributor’s principal occupation (FOR JUDICIAL)</strong></td>
<td><strong>13 Contributor’s job title (FOR JUDICIAL) (See Instructions)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>14 Contributor’s employer/law firm (FOR JUDICIAL)</strong></td>
<td><strong>15 Law firm of contributor’s spouse (if any) (FOR JUDICIAL)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Full name of contributor</strong></td>
<td><strong>Amount of Contribution</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contributor address; City; State; Zip Code</strong></td>
<td><strong>In-kind contribution description</strong></td>
<td></td>
</tr>
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<td></td>
<td></td>
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

Revised 9/8/2015
# PLEDGED CONTRIBUTIONS

The Instruction Guide explains how to complete this form.

## SCHEDULE B

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td>Filer ID (Ethics Commission Filers)</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>TOTAL OF UNITEMIZED PLEDGES</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Full name of pledgor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>out-of-state PAC (ID#)</td>
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<td></td>
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<tr>
<td>7</td>
<td>Pledgor address; City; State; Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Amount of Pledge $</td>
<td></td>
<td>In-kind contribution description</td>
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<tr>
<td>9</td>
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</tr>
<tr>
<td>11</td>
<td>Employer (See Instructions)</td>
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<td></td>
</tr>
</tbody>
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Date

Full name of pledgor

out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

Amount of Pledge $

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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Pledgor address; City; State; Zip Code

Amount of Pledge $

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Employer (See Instructions)

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