CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Edwin NAME SUFFIX 2023 NICKNAME Zuniga 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 104 Coma BIAnca ST 7856 LA JOYA TX Change of Address PHONE NUMBER 5 CANDIDATE/ **EXTENSION** or Date Postmarked **OFFICEHOLDER** 2023 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN **TREASURER** FSMFRALDA Date Processed NAME SUFFIX NICKNAME Date Imaged Flores STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; 7 CAMPAIGN **TREASURER ADDRESS** LA JUYA TX 78560 (Residence or Business) ST AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (956) 337 3981 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 7/01/ THROUGH 2023 ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Council member 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 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	\$ 00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 00
The second secon	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
		1
	Signature of Ca	ndidaté or Officeholder
	Please complete either option below	r:
	ricade dempiete ciaier option select	
	SA TREVINO c, State of Texas	
Comm. Exp	ires 03-16-2025	
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I		lot day of October.
	which, witness my hand and seal of office.	day of OCODE,
20 The total by	Vanessa Trenno	Secretain-Notany Public
Signature of officer administration	The Control of the Co	Title of officer administering oath
(2) Unsworn Declarati	OR	
(2) Olisworn Declarati	011	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (street) (county, State of, on the day of	state) (zip code) (country) , 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	9 FILER NAME 20 Filer ID (Ethics Comm					
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 000			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 000			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 000			
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 000			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 000			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 000			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 000			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 000			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 000			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ 000			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how to co		1 Total pages Schedule A1:		
2	FILER NAME		4011 0			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address;		State; Zip		
8	Principal occu	pation / Job title (See Instructions)		9 Employer	(See Instructi	ions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					ions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip	1565 10	
	Principal occup	pation / Job title (See Instructions)		Employer	(See Instruct	ions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; (City;	State; Zip		
	Principal occup	pation / Job title (See Instructions)		Employer	r (See Instruct	ions)
		ATTACH ADDITIONA				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	25 W					
Th	e 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 CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Contribution \$	9 In-kind contribution description de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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 Contribution \$	In-kind contribution description		
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T			n requirements		

PLEDGED CONTRIBUTIONS

SCHEDULE B

WWW 146 MISSAGO CO.							
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:					
2 FILER N	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 description					
	7 Pledgor address; City; State; Zip Code						
		Check if travel outside of Texas. Complete Schedu	e T.				
10 Principa	al occupation / Job title (See Instructions) 11 Employer (See	e Instructions)					
Date	Full name of pledgor	Amount In-kind contribution description					
	Pledgor address; City; State; Zip Code						
		Check if travel outside of Texas. Complete Schedu	le T.				
Principal	occupation / Job title (See Instructions) Employer (See	e Instructions)					
Date	Full name of pledgor	Amount of I In-kind contribution description					
	Pledgor address; City; State; Zip Code						
		Check if travel outside of Texas. Complete Schedu	le T.				
Principa	l occupation / Job title (See Instructions) Employer (See	e Instructions)					
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description					
	Pledgor address; City; State; Zip Code						
		Check if travel outside of Texas. Complete Schedu	le T.				
Principa	occupation / Job title (See Instructions) Employer (See	e Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.						
	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	ITEMIZED 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 11 Maturity date			
	Y N						
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ons)			
16	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	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			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)				
	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 COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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/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/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category	ACC
Carididate/Onicerioider/Folitice	The Instruction Guide explains how t			5 CARROLL TO CARROLL TO THE CONTROL # 1
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATION	NS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-	Political		
10 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 Au	stin, TX, officeholder living ex	xpense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Nor	-Political		
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 A	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1 To	otal pag	ges Schedule F	3:	
2	FILER NAME		3 Fi	ler ID	(Ethics Commis	sion Filers)	
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; City	 /;		State;	Zip Code	(4.3 4) 4.3 (4.3 (4.3 (4.3 (4.3 (4.3 (4.3 (4.3
		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; City			State;	Zip Code	. 72 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		Description of investment					
		Amount of investment (\$)					
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASN	NEED	ED		

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
Transportation Equipment & Related Exper

Consulting/Bariking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
	The Instruction Guide explains	s 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 CHARGED	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	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE			
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Au	ustin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name	C	
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF			
EXPENDITURE	Check if travel outside of Texas, Complete S	Schedule T. Check if A	ustin, TX, officeholder living expense
		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Onice sought	Cilico Holo
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EEDED

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

nse Polling Expense
sls Expense Printing Expense
Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politic Credit Card Payment		gal Services he Instruction Guide expl		Vages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule G:	2 FILER NAME		enullina en e ntre		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	-			110 - 45110 - 45410 - 454	
6 Amount (\$) Reimbursement from political contributions	7 Payee address	s;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		e Categories listed at the top of th		(b) Description		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(-/	if travel outside of Texas. Complete / Officeholder name	e Schedule T.	Check if Austin	TX, afficeholder living ex	Office held
Date	Payee name					10-10-10-10-1
Amount (\$)	Payee addres	ss;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the top of th	nis schedule)	Description		
	Chec	k if travel outside of Texas. Complet	e Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/	· · · · · · · · · · · · · · · · · · ·	/ Officeholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee addres	ss;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the top of th	nis schedule)	Description		
EXI ENDITORE	Chec	k if travel outside of Texas. Complete	e Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NEED	ED	

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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: 4 Date Business name City; State; Zip Code 6 Amount (\$) 7 Business address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Zip Code Business address; City; State; Amount (\$) 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 Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code Business address: State: Amount (\$) City; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)		
4 Date	5 Payee name	S-8-10H1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
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 regar	ding 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.)	e 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 (Secrequired.)	e 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 (Secrequired.)	e instructions rega	rding 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.		1 Total pages Schedule K:		
2 FILER NAME		3 Filer ID (Ethics	s 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	te; Zip Code		
	7 Purpose for which amount is received	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	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	te; Zip Code		
	Purpose for which amount is received	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	
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, DO NOT include this page i	n the report.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
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 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			
6 Dates of travel 7 Name of person(s) traveling	7 Name of person(s) traveling			
8 Departure city or name of departure location	Departure city or name of departure location			
9 Destination city or name of destination 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				
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)				
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	Name of person(s) traveling			
Departure city or name of departure location	Departure city or name of departure location			
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, s	Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				