CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Irma	мі L	OFFICE USE ONLY
NAME	NICKNAME	Veloz	SUFFIX	Date Received 0130 2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 405 Loma Bl	anca St La Joya		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 624-8930	EXTENSION	Date Hand-delivered or Date Postmarked D 3 0 2023 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Rosa LAST	MI E. SUFFIX	Date Processed 0 36 2023
	Melly	Villarreal		Date Imaged 10 31 2023
7 CAMPAIGN TREASURER ADDRESS	1108 S. Gree	NO PO BOX PLEASE); APT / S Pene Rd Mis	uite #: city; ssion TX 7857	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(956)	890-0497	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Supported Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	July 15	8th day before ele	Reporting Limit	Final Report (Attach C/OH - PK)
10 PERIOD COVERED	Month 10	Day Year / 10 / 23	THROUGH 10	Day Year 23
11 ELECTION	Month Day	Year Primary 23 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know City of La Joya Co	ouncilwoman Place 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		Take .
	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 File	er ID (Ethio	cs 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)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	1,630.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true and c	orrect and	I includes all information
re	quired to be reported by me under Title 15, Election Code.		
	11/1/21		
	Signature of Candidate	or Office	holder
	Please complete either option below:		
	T loads complete chairs option were in		
Notary Pu Comm. I	before me by WMU VELO2 this the 30	T/L	October.
Sworn to and subscribed	before me by this the	day o	f UCIONA,
	which, witness my hand and seal of office.		11. 01
INTO	Vanessa Trento City Secre	tam,	Matani Rub
Signature of officer administr	R	Title of	officer administering oath
Signature of officer administr		, ide of t	ssor daministoring oddi
	OR		
(2) Unsworn Declarat	on		
My name is	, and my date of birth is		
	,,,,,,,,		
My address is		(zip code	e) (country)
			-, \
Executed in	County, State of , on the day of(month)	, 20 <u></u> (ye	ear)
	Signature of Candidate/Off	ficeholder	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Corr	nmiss	ion Filers)			
lr.	ma L. Veloz						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3,	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	1,630.00				
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 PERSONAL FUN	NDS	\$	107.00			
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inclu	rde this page in the I	report.
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 1
2 FILER NAME Irma L. Ve	eloz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID Linebarger Goggan Blair & S	ampson LL	7 Amount of contribution (\$)
09/28/20	***************************************	State; Zip Code	1,000.00
8 Principal occu Attorney	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ration / 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 Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)
		State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES OF		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Ti	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	•			
			Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1-				
Date	Full name of contributor		Amount of Contribution \$	I In-kind contribution description		
	Contributor address; City; State;	Zip Code	•	1 		
		···	Check if travel outsi	de of Texas, Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributo	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	THIS SCHED	OULE AS NEEDED or additional reporting	g requirements.		

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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 explain	s how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	1 9 In-kind contribution 1 description
		7 Pledgor address;		te; Zip Code		1 1 1
					Check if travel outs	ide of Texas, Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	uctions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	Out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	• • • • • • • • • • • • • • • • • • • •	te; Zip Code		[[[
					Check if travel outs	[. ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	Out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	ite; Zip Code		1 1
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	aut-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
		ATTACH	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested	l information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete 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	PAC (ID#:)	9 Loan Amount (\$)
6 is lender a financial institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
LYLN			·
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun- account (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	ition (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political ions)
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	PIES OF THIS SCHEDULE AS NEI struction guide for additional re	

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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 Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Irma L. Veloz		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/13/2023	5 Payee name Aracely Montes				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
210.00					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Canvassing	Block Walking			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	axpense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/22/2023	Selina Gonzalez				
Amount (\$)	Payee address;	City;	State;	Zip Code	
720.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Canvessing	Blocking Walk	ing		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			····	
10/29/2023	Martina Gonzalez				
Amount (\$)	Payee address;	City;	State;	Zip Code	
700.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Canvassing	Block Walking			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.								
		EXPENDI	TURE CATE	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Politing Expense Gift/Awards/Memorials Expense Printing Expense			rhead/Rental Expense pense pense fages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:	2 FILER					3 Filer ID	(Ethics Co	mmission Filers)
1 lotal pages Schedule F2:	Z FILEN	AWINIT				3 / 1181 12	(Lines oc	innission i noisy
4 TOTAL OF UNITEM	IIZED UN	PAID INCUI	RRED OBLI	GATION	s	\$		
5 Date	6 Payee	name			•			
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10	(a) Categor	y (See Categories l	isted at the top of this	schedule)	(b) Description			
PURPOSE								
OF EXPENDITURE								
	(c)	Check if travel outside	e of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeh	older living e	cpense
11 Complete ONLY if direct expenditure to benefit C/OF		didate / Officeh	older name	o	ffice sought		Office hel	d
Date	Payee	name		***************************************				
Amount (\$)	Payee	address;		/ 7	City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
	Catego	y (See Categories I	isted at the top of this	schedule)	Description			
PURPOSE								
OF EXPENDITURE								
	****	Check if travel outsi	de of Texas, Complete	Schedule T.	Check if A	ustin, TX, office	holder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeh	older name	C	office sought		Office hel	d
•								
	ATTA	H ADDITION	AL COPIES C	F THIS S	CHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1 To	otal pag	es Schedule F3	:
2 FILER NAME		3 Fi	ler ID	(Ethics Commissi	ion Filers)
4 Date	5 Name of person from whom investment is purchased	<u> </u>			
	6 Address of person from whom investment is purchased; C	City;	•••••	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; C	ity;	•••••	State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS N	IEEDE	D	

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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date 8 Payee address; 7 Amount (\$) City; State: Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** (b) Description 10 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; Amount (\$) Payee address; TYPE OF Political Non-Political EXPENDITURE 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 sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ox Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense
1 Total pages Schedule G:		ME Veloz			3 Filer ID (Ethics	Commission Filers)
4 Date 10/29/2023	5 Payee na	······································				
6 Amount (\$) 107.00 Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Canvass	\prime (See Categories listed at the top of this s $f Sing$	chedule)	(b) Description Block Walking		
	(c)	Check if travel outside of Texas. Complete So	thedule T.	Check if Austin,	TX, officeholder living	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
<u></u>	Check if travel outside of Texas, Complete Schedule T. Check				, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name	****	Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES C)F THIC	CHEDIN E AS NEED	FD	

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 Accounting/Banking Consulting Expense

Event Expense 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/Politi Credit Card Payment		Gift/Awards/Memorials Expense F Legal Services S	Travel Out Of District Other (enter a category not listed above)		
Clear Cald Fayment		The instruction Guide explains i	now to complete this form.		
1 Total pages Schedule H:	2 FILER N	AME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Business	name		J	
6 Amount (\$)	7 Business	address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sched	tule) (b) Description		
	(c) (Check if travel outside of Texas, Complete Schedu	le T. Check If Austir	ı, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought		Office held
Date	Business	name			
Amount (\$)	Business	address;	City;	State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this sched	tile) Description		
EXPENDITURE		Check if travel outside of Texas. Complete Schedu	le T. Check If Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought		Office held
Date	Business	name			
Amount (\$)	Business	address;	City;	State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this sched	dule) Description		
EXPENDITURE		Check if travel outside of Texas. Complete Schedu	lle T. Check If Austir	ı, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought		Office held
	АТТ	ACH ADDITIONAL COPIES OF	THIS SCHEDIU E AS NEE	:DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
	i ne instruction Guide explains now to co	mpiete tilis iorm.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Eth	lics Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	St	ate Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	structions regarding	type of information	
Date	Payee name		···		
Amount (\$)	Payee address;	City	St	ate Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	structions regarding	type of Information	
Date	Payee name				
Amount (\$)	Payee address;	City	St	ate Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding	type of information	
Date	Payee name				
Amount (\$)	Payee address;	City	St	ate Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	structions regarding	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 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	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; Zlp 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; 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, DO NOT include this page in 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 C	Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule F2 Schedule F4	Schedule B(J) Schedule C2 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or n	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			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					