CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mrs. Laura NAME NICKNAME LAST SUFFIX Macias 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **OFFICEHOLDER** 929 S. Kika De La Garza Blvd La Joya TX 78560 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956)777-8833 **PHONE** Receipt # Amount \$ FIRST MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Elias Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Macias Jr. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE CAMPAIGN **TREASURER** 929 S. Kika De La Garza Blvd. La Joya TX 78560 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (956 458-2242 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 Day Month COVERED 30 7 23 10 / 23 10 THROUGH **ELECTION TYPE** 11 ELECTION ELECTION DATE Other Description Primary Runoff 11 / 7 Special General 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City of La Joya Commission City of La Joya Commission 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 ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16	Filer	ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	1.	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.		\$	658.15
	4.	TOTAL POLITICAL EXPENDITURES		\$	1,786.90
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF REPORTING PERIOD	AY	\$	844.43
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	ΙE	\$	0.00
				- 20 00000	

(1) Affidavit

18 SIGNATURE 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.



Please complete either option below:

Notary Public, State Comm. Expires 0: NOTAMON STAMP 129:	te of Texas 3-16-2025	Μακίας		28	th A	مهام
Sworn to and subscribed before	me by	Macias	this	the	day of 0	Gober.
Van	witness my hand and seal of off	a Trevino		Notan	Public	City Sea
Signature of officer administering oat	h Printed name	of officer administering	oath		Title of officer	administering oath
10000000000000000000000000000000000000		OR	的自由的		* Water	
(2) Unsworn Declaration						
My name is		, and	my date of birt	h is		*
My address is				,,		·
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of(m	onth)	, 20	,
			Signature of Ca	andidate/Offi	ceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer aura Macias	ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$ 1,374.40	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	\$ 8ИОІТІ	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 412.50	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET TO FILER	TURNED \$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

instruction Guide explains how to complete this fo	form.	1 Total pages Schedule A1: 1					
ias		3 Filer ID (Ethics Commission Filers)					
		7 Amount of contribution (\$)					
6 Contributor address; City;	State; Zip Code	1,000.00					
pation / Job title (See Instructions)	Employer (See Instructi	ons) .					
Full name of contributor out-of-state PAC (I	ID#:	Amount of contribution (\$)					
Contributor address; City;	State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Full name of contributor out-of-state PAC (I	(ID#:)	Amount of contribution (\$)					
Contributor address; City;	State; Zip Code						
ation / Job title (See Instructions)	Employer (See Instruct	ions)					
Full name of contributor out-of-state PAC (I	(ID#:)	Amount of contribution (\$)					
Contributor address; City;	State; Zip Code	i					
pation / Job title (See Instructions)	Employer (See Instruct	ions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	Linebarger Goggan Blair & City; 6 Contributor address; City; P.O. Box 17428 Austin Diation / Job title (See Instructions) Full name of contributor out-of-state PAC (Contributor address; City; Contributor address; City; Diation / Job title (See Instructions) Full name of contributor out-of-state PAC (Contributor address; City; Diation / Job title (See Instructions) Full name of contributor out-of-state PAC (Contributor address; City; Diation / Job title (See Instructions) ATTACHADDITIONAL COPIES O	S Full name of contributor Cout-of-state PAC (ID#					

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

Revised 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ii alo roque						
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor		8 Amount of I 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor		Amount of I In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code				
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, taw firm of parent(s) (if any) (FOR JUDICIAL)	•				
	ATTACH ADDITIONAL COPIES OF		ULE AS NEEDED			

PLEDGED CONTRIBUTIONS

SCHEDULE B

		,		•				
The	Instruction Guide explain	s how to complete this	form.	1 Total pages Schedule B:				
2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF	UNITEMIZED PLED	GES		\$				
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description			
	7 Pledgor address;		e; Zip Code		 			
				Check if travel outs	ide of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (See Instru	ections)	11 Employer (See	Instructions)				
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	I In-kind contribution Contribution Contribution			
	Pledgor address;		te; Zip Code		 			
				Check if travel outs	I . ide of Texas. Complete Schedule T.			
Principal occu	pation / 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;		te; Zip Code		 			
				Check if travel outs	ide of Texas. Complete Schedule T.			
Principal occu	upation / Job title (See Instru	ictions)	Employer (See	e Instructions)				
. Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description			
	Pledgor address;	City; State;			 			
				Check if travel outs	l ide of Texas. Complete Schedule T.			
Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)				
				".				
ļ								
i if	ATTACH contributor is out-of-state	I ADDITIONAL COPIES (te PAC, please see Instr			g requirements.			

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Date of loan Name of lender out-of-state PAC (ID#:___ 10 Interest rate 6 is lender State; Zip Code 8 Lender address; City; a financial Institution? 11 Maturity date YN 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; City; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:____ Interest rate is lender State; Zip Code Lender address: Citv: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION State; Zip Code Guarantor address; City; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

Texas Ethics Commission www.ethics.state.tx.us Re

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		Vages/Contract Labor	Other (enter a catego					
Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME Laura Macias		3 Filer ID (Ethics	Commission Filers)				
4 Date	5 Payee name							
10/23/2023	Exclusive Designs LLC	011	Chata	7:- 0-4-				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
191.25	3705 N. La Homa Road	Palmviev	v TX	78572 				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF EXPENDITURE	Advertising	Signs						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX. officeholder living	expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
10/22/2023	South Texas Media							
Amount (\$)	Payee address;	City;	State;	Zip Code				
525.00	112 E. Esperanza Ave.	McAllen	TX	78501				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Advertising	Promotional V	romotional Video production services					
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
Amount (\$)	Payee address;	City;	State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ехрелзе				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED					

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.							
	EXPENDITU	JRE CATEGORIES F	OR BOX 10(a)				
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Polling Expense Polling Expense Polling Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			head/Rental Expense ense cense ages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense		
1 Total pages Schedule F2:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)		
c.a. pages conceans 12.							
4 TOTAL OF UNITER	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$						
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical				
10 , PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d 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 e	xpense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee name						
Amount (\$)	Payee address;		City;	State;	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Po	litical		···		
PURPOSE OF Expenditure	Category (See Categories liste	ed 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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officehol	der name C	office sought	Office he	id		
	ATTACH ADDITIONA	L COPIES OF THIS S	CHEDULE AS N	EEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule F3:					
2	FILER NAME		3	Filer ID	(Ethics	Commis	sion Filer	s)		
4	Date	5 Name of person from whom investment is purchased								
		6 Address of person from whom investment is purchased; City	y;	• • • • • •		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; City	 ⁄;		••••	State;	Zip	Code	*****	
		Description of investment							•	
		Amount of investment (\$)	-							
		<u> </u>				· · · · · ·				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					
	The Instruction Guide expla	ains 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 CHARGE	D TO A CREDIT CARD	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	his schedule) ¹ (b) Description	•				
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense				
11 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				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description					
	Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	vvvages/ContractLabor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Laura Macias	1	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2023	5 Payee name Efrain Martinez		
6 Amount (\$) 412.50 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Mailer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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
Reimbursement from political contributions intended			
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/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursementfrom political contributions intended	,		<u>.</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, 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 S	SCHEDULE AS NEEI	DED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to con	plete this form.			
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID	(Ethics Cor	nmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See ins	tructions rega:	rding type of	nformation
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See Ins	structions rega	rding type of	Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See in: required.)	structions rega	irding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	structions rega	arding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

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

SCHEDULE K

The	1 Total pages Scheo	dule 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; Stat	te; Zip Code	`				
	7 Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
1	Address of person from whom amount is received; City; Sta	ate; Zip Code	1				
	Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta	te; Zip Code					
	Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta	ate; Zip Code					
	Purpose for which amount is received Check if	political contribution	returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

it the requested information is not applicable, BO NOT include this page in the report.										
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:					
2	2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
4	Name of Contributor /	ame of Contributor / Corporation or Labor Organization / Pledgor / Payee								
F	Contribution / Expendi	iture rene	on:							
J			_	١ ـ .		. .	г г г г г г г г г г г г г г г г г г г			
	Schedule A2	Sch€	dule B	Schedule B(J)	, <u></u>	Schedule C2	Schedule D Schedule F1			
_	Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS								
6	Dates of travel	of travel 7 Name of person(s) traveling								
		8 Departure city or name of departure location								
		9 Destination city or name of destination location								
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)										
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
	Contribution / Expend	liture reported	on:							
	Schedule A2		edule B	Schedule B(J	, _[]	Schedule C2	Schedule D Schedule F1			
	Schedule A2 Schedule F2		edule B	Schedule B(J		Schedule C2	Schedule D Schedule F1 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		ion	Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
	Contribution / Expend	fiture reported	on:							
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	Dates of travel Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
ATTACH ADDITIONAL CODIEC CETHIC COMEDIA E ACMEDED										
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									