RECEIVED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			APR 04 2024 FORM C/OH COVER SHEET PG 1				
CAMPAIG	N FINANC	EREPORT	City Secretary's Office				
			1 File	ID (Bity of Giariet	2. Total pages fil	ed:	
The C/OH Instruction G	uide explains how t	o complete this form.		- Constanting	raine ""		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Proela		$\mathcal{M}_{\mathcal{I}}$	OFFICE	USE ONLY	
NAME	NICKNAME	LUCICE		SUFFIX	Date Received		
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	1/9/	24	
OFFICEHOLDER MAILING ADDRESS	4473	Harpers Fa	erry	Drive		ne out	
Change of Address	Corand	Mairie	14	1552		03:41 PM	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (UG9)	PHONE NUMBER	9	EXTENSION	Date Hand-delivered	d or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	<u>,</u>	MI	Receipt #	Amount \$	
TREASURER NAME	NICKNAME	LAST	£	SUFFIX	Date Processed		
		Anume	1		Date Imaged		
7 CAMPAIGN TREASURER	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE	
ADDRESS (Residence or Business)	7803	Ector	Di	le Grade	Pravie Ty	015052	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENSION			
PHONE	(9B) 8	16-5799					
9 REPORT TYPE	January 15	30th day before	election	Runoff		fter campaign ppointment er Only)	
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day A Year 34	TH	Month ROUGH MAN	1	7v34	
11 ELECTION	ELECTION DA	TE Year Primary	,	ELECTION TY	PE		
The same	05/04/	W Genera		Description Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if kno	e City Coureil	How 8	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQU	ES MAY HAV	OR POLITICAL EXPENDITURES	MADE BY POLITICAL CO	MMITTEES TO SUPPORT	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
Traditional Lagge	SPECIFIC	COMMITTEE CAMPAIGN TF	REASURER	NAME	_		
		COMMITTEE CAMPAIGN T	REASURER	ADDRESS			
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Angela Luckey	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)	\$							
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550. 00							
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0							
	4. TOTAL POLITICAL EXPENDITURES	\$ 550 00							
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ D							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* D							
	swear, 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							
5	Angela Jac Signature of Ga	Indidate or Officeholder							
-	O signature of our								
Please complete either option below:									
	Please complete either option below	v:							
		WHITE ANDIS J. JONES							
		WHITE ANDIS J. JONES							
(1) Affidavit		WHITE ANDIS J. JONES							
(1) Affidavit		THINK ANDIS J. JONES							
(1) Affidavit NOTARY STAMP/SEA	्र ह	WHITE ANDIS J. JONES							
NOTARY STAMP/SEA	before me by Angela Luckey this the	OTARY PUBLICATION OF TEACH PUB							
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify	before me by <u>Angela Luckey</u> this the which, whoes my hand and seal of office.	OTARY PUBLIC OTARY PUBLIC OT							
NOTARY STAMP/SEA	before me by Angela Luckey this the which, witness my hand and seal of office. Candis J. Jones A	ATTE OF TETO OTARY PUBLIC JOHN 2956250 ATTEM SPIRES 9-1000000000000000000000000000000000000							
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify	before me by Angela Luckey this the which, witness my hand and seal of office. Candis J. Jones A Printed name of officer administering oath	OTARY PUBLIC OTARY PUBLIC OT							
NOTARY STAMP/SEA	before me by Angela Luckey this the which, witness my hand and seal of office. Candis J. Jones A Printed name of officer administering oath OR	ATTE OF TETO OTARY PUBLIC JOHN 2956250 ATTEM SPIRES 9-1000000000000000000000000000000000000							
NOTARY STAMP/SEA Sworn to and subscribed 20 2 7, to certify Signature of officer administ (2) Unsworn Declarate	before me by Angela Luckey this the which, whoes my hand and seal of office. Candis J. Jones A Printed name of officer administering oath OR	Title of officer administering-oath							
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify Signature of officer administ (2) Unsworn Declarat My name is	before me by Angela Luckey this the which, witness my hand and seal of office. Candis J. Jones A Printed name of officer administering oath OR ion , and my date of birth is	ATE OF TELES 1295623 PIRES 9-1977 Title of officer administering oath							
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify Signature of officer administ (2) Unsworn Declarat My name is My address is	before me by Angela Luckey this the which, whoes my hand and seal of office. Candis J. Jones A Printed name of officer administering oath OR ion (street) (city) (street)	Title of officer administering oath							
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify Signature of officer administ (2) Unsworn Declarat My name is My address is	before me by Angela Luckey this the which, witness my hand and seal of office. Candis J. Jones A Printed name of officer administering oath OR ion, and my date of birth is	Title of officer administering oath							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Ingela Luckey	nmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 550,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4. SCHEDULE E: LOANS		\$ <i>O</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 550.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		* O
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	* <i>O</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>(</i>)
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$ ()
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$ <i>O</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ @
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$ ()

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 complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Angela Luckey		3 Filer ID (Ethics Commission Filers)
4 Date 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5 Full name of contributor out-of-state PAC VD Ard A TYPE 6 Contributor address; City; Grad Private	State; Zip Code	7 Amount of contribution (\$) $\#/50$. DO
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date JULY	Full name of contributor out-of-state PAC BISHOP ELI & DANIA TACC Contributor address; City;		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
3 mate	Full name of contributor out-of-state PAC Sharon Sherman Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
15 my 4	Full name of contributor out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	Silver Spit	MIO JO 910 Employer (See Instruc	iions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 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 co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date 1)3/2024	5 Payee name/ Who Ksake T-Shirts D	report				
6 Amount (\$) \$350.00	DANKSCHE T-Shuts D 7 Payee address; 1/3/1 Havy Hure Blue	AHJOI De	State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Adventising	T-Shirts				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
102/15/2024	City of Grad Rian	لننو				
Amount (\$)	Payee addydss;	City;	State; Zip Code			
\$50,00	·					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	fees	Siling &	ee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date 124 2024	Payee name Superior Embroic Payee address:	dery				
Amount (\$)	r dycc dddrcss,	City;	State; Zip Code			
#200	119 Executive way	Desoto	To 15115			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	TShirts				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, 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 NE	EDED			

LOANS

NIA

SCHEDULE E

	The	Instruction Guide explains how to compl	lete 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	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		
	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		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
	not applicable					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan		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 Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	not applicable	Guarantor address; City;	State; Zip Code			
	Principal Occupati	I 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.					

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



	ii iio tequesica iiio iiia io tecappinasie, 20 iio iiio iio page iii iio teperii							
	The Instru	ction Guide	explains	how to complete t	his 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 / Expendi	ture reported	on:					
	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6	Dates of travel	7 Name of	person(s)	traveling				
		8 Departur	e city or n	ame of departure loc	ation			
		9 Destination	on city or	name of destination l	location			
46) Maana of transportati	<u> </u>	11 Duma	an of traval (includin	a name of conference o	aminar ar ather arent		
) Means of transportation	OII	11 Purpo	se of traver (including	g name of conference, s	eminar, or other event)		
	Name of Contributor /	Corporation of	or Labor C	Organization / Pledgo	r / Payee			
	Contribution / Expend	iture reported	on:					
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
	Dates of travel	Name of	person(s) traveling				
		Departui	e city or r	name of departure loc	eation			
		Destinat	ion city or	name of destination	location			
	Means of transportat	ion	Purp	ose of travel (includin	ng name of conference, s	seminar, or other event)		
	Name of Contributor	/ Corporation	or Labor (Organization / Pledgo	or / Payee			
	Contribution / Expend	diture reported	l on:					
	Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
	Dates of travel	Name o	f person(s	s) traveling				
National Confession of the Con		Departu	re city or r	name of departure loo	cation			
		Destinat	ion city or	name of destination	location			
	Means of transportat	tion	Purp	ose of travel (includin	ng name of conference,	seminar, or other event)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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



	oted information to not applicable; Do No. information page in		
The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethica	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 Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
		ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	tte; 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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Co	mmission 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 in required.)	nstructions regarding 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 i required.)	nstructions regarding type of	f information			
Date	Payee name		100 A 1 - 100 A				
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f 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.)	instructions regarding type o	f information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH



SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor			Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	Ja, 23	The Instruction Guide explain		_	o in or (or no	a calego,		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID	(Ethics	Commission Filers)	
1 Date	5 Business	s name			I			
3 Amount (\$)	7 Business	address;		City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description				
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officehold	er living exp	ense	
• Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	(Office sought		C	Office held	
Date	Business	s name						
Amount (\$)	Busines	s address;		City;		State;	Zip Code	
PURPOSE OF	Category	(See Categories listed at the top of this s	schedule)	Description				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.			Check if Austin	ı, TX, officehold	er living exp	ense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	(Office sought		C	Office held	
Date	Busines	s name			-4	-		
Amount (\$)	Busines	s address;		City;		State;	Zip Code	
PURPOSE O <i>F</i>	Category	' (See Categories listed at the top of this s	schedule)	Description				
EXPENDITURE		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officehold	er living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name	-	Office sought		C	Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED			

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

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

Candidate/Officeholder/Politic CreditCardPayment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/ContractLabor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursementfrom political contributions intended			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	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	
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEEI	DED

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
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
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Legal Services	Printing Exp Salaries/Wa			not listed above)	
		The Instruction Guide expla	ins how to co	mplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer	ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEMIZ	ZED EXP	PENDITURES CHARGEI	OTOACR	EDIT CARD	\$		
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) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Comple	e Schedule T.	Check if Au	stin, TX, offi	ceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought		Office he	eld
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the top of t	nis schedule)	Description			
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Au	ıstin, TX, off	iceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought		Office he	əld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

purchase of investments made political 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 Commission Filers)		
4 Date	5 Name of person from whom investment is purchased	•		
	6 Address of person from whom investment is purchased; Cit	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	y; State; Zip Code		
	Description of investment			
	Amount of investment (\$)	·		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS NIA



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 Sollcltation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Non-Political Political **EXPENDITURE** 10 (b) Description (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 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; Zip Code City; State; TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS NIM

SCHEDULE B

	14 711 011	1.0
The Instruction Guide explains how to complete this form.	1 Total pages Schedu	ule B:
2 FILER NAME	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$	
5 Date 6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code	•••	
	Check if travel outs	l . ide of Texas. Complete Schedule T
10 Principal occupation / Job title (See Instructions) 11 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; Zip Code		
		I . ide of Texas. Complete Schedule T
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code	••	;
	Check if travel outs	I side of Texas. Complete Schedule 1
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		
	Check if travel outs	I I∵ side of Texas. Complete Schedule ⊺
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHED		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS



SCHEDULE A2

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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION		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 outs	 	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions)			AL)(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 L		15 Law firm	Law firm 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 🔲 out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outs	I ide of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)					
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: NICE DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
1	C/OH N	ME	2 Filer ID (Ethics Commission Filers)			
3	SIGNAT	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.					
		Signatur	re of Candidate / Officeholder			
4		FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> 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	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS				
	Check	Check only one:				
		l do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
			Signature of Candidate			
5		HOLDER blete this section o <i>nly</i> if you are an officeholder ••				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
			ignature of Officeholder			