RICARDO ALEJANDRO

SEMI-ANNUAL REPORT JULY 15, 2024

·			
			·

CAMPAIGN FINANCE REPORT					ORM C/OH HEET PG 1
The C/OH Instruction	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)				
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Ricardo	MI		USE ONLY
NAME	NICKNAME	LAST Alejandro K; APT/SUITE#;	SUFFIX	Date Received ERON DEPARTMENT OF VOTER HE	N COUNTY OF ELECTIONS & GISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	6824 Ma		orty: state: ZIP CODE Naswille Texas 18521 -6203	_	1 0 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	REC Date Hand-delivered	or Date Postmaridad
OFFICEHOLDER PHONE	(956)	459-0863		(SI) (E. S. Congressed Procession Indiana Statement Information In	
6 CAMPAIGN	MS MRS MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mrs.,	Veronica LAST	SUFFIX	Date Processed	•
	TOOMS WE	Vasquez,	Alejandro	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI		STATE;	ZIP CODE
TREASURER ADDRESS	6824 N	lontebello	Brownsville	Texas	18521- G203
(Residence or Business)	AREA CODE	PHONE NUMBER	TYTE KOLONI		
8 CAMPAIGN TREASURER PHONE	(956)	455 - 9363	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day afti treasurer ap (Officeholder	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	*	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	01,	101/2024	THROUGH 66	/30 / 20	24
11 ELECTION	ELECTION DA	ATE Primary	ELECTION TYPE		
	Month Day	Year	Runoff Other Description Special		
	11 /05/	2024 General			
12 OFFICE	OFFICE HELD (if any)	•	13 OFFICE SOUGHT (IF KNOWN LAMERON COUNTY 16) mmissioner Pra	edinct 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANU LED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
	-	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO I	PAGE 2		_

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 POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI		s 4252
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 48.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB- OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS (ING PERIOD	OF THE \$
	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15.		ue and correct and includes all informat
		RA	
		Signature of C	andidate or Officeholder
	Please com	plete either option belo	w:
(1) Affidavit			
NOTARY STAMP/SEA	L		
		al board	
	before me by		e day of
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of o	officer administering oath	Title of officer administering oa
		OR	1. "全国实现的数据公司,如此一个是一个
(2) Unsworn Declarati	on		
My name is Ricz	ido Alejandro	, and my date of birth i	is 01-19-1979
My address is <u>682</u>	,		TX , 78521, USA
	(street)	(city)	(state) (zip code) (country)
Executed in <u>Larner</u>	N County, State of Texas	, on the 10th day of 10	1103 , 20 2 4 . (Vear)
		- N-	
		Signature of Cano	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILERNAME Ricardo Alejandro 20 Filer ID (Ethics Comm						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,252.49					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
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 FUNDS	\$ 48.70					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	э Н \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					
	•						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.								
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	Ricardo Alejandro		3 Filer ID (Ethics Commission Filers)					
4 Date 6/21/2024	5 Full name of contributor out-of-state PAC # Project Red Tx 6 Contributor address; City; 1108 Lavaca Austin	7 Amount of contribution (\$) $54,257.49$						
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)					
Date	Full name of contributor	(\D#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code	· .					
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date	-	(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	(ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)					
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

•	· ·					
Т	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAM	E		3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Chack if travel outsi	 - de of Texas. Complete Schedule T.		
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	·		
				120-014000000000000000000000000000000000		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)					
Date	Full name of contributor		Amount of Contribution \$	I in-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribi	contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	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)					
	A SAME AND					
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi	HIS SCHEDU	JLE AS NEEDED	g requirements.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

7	The Instruction Guide explain	ns how to complete this	form.	1 Total pages Sched	ule B:
2 FİLER NAI	ME		,	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#:	1	8 Amount of Pledge \$	9 in-kind contribution description
	•	City; Sta	ite; Zip Code		!
				Check if travel outs	l. ide of Texas, Complete Schedule T.
10 Principal o	occupation / 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;	City; Sta	ite; Zlp Code		· .
				Check if travel outs	i [. lde of Texas. Complete Schedule T.
Principal oc	ccupation / 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		
				Check if travel outsi	de of Texas. Complete Schedule T.
Principal or	ccupation / Job title (See Instru	ctions)	Employer (See	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 outsi	de of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (See Instruc	ctions)	Employer (See	Instructions)	

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E

	If the requested	information is not applicable, DO NO	T include this page in the re	port.
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender ☐ out-of-state F	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			i i Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	I.
14	Description of Coll	ateral	Check if personal fund 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	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 Colle	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor	A CONTRACTOR OF THE CONTRACTOR	Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

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 Glft/wards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Glft/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee na	ame .			<u> </u>			
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this a		(b) Description	•			
9 Complete ONLY if direct expenditure to benefit C/Oh		Check if travel outside of Texas, Complete So late / Officeholder name	chedule T.	Office sought	n, TX, officeholder livin	g expense Office held		
Date	Payee na	nme	· · · · · · · · · · · · · · · · · · ·					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Cade		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description	, (and any many)			
		Check if travel outside of Texas, Complete So	ohedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description				
ſ		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	ı, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
	AT	FACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED			

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Check if Austin, TX, officeholder living expense

Office held

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

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 Commissio	on Filers)	
4 Date	5 Name of person from whom investment is purchased			·	
	6 Address of person from whom investment is purchased; Cit		State;	Zip Code	
	7 Description of investment				
	8 Amount of investment (\$)	<u></u>	, , , , , , , , , , , , , , , , , , , ,		
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 (\$)			•	
· · · · · · · · · · · · · · · · · · ·					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDE	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)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E		xpense Expense		Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.				USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				-	3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institu	tion		A shrows	····		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card issuer Paid			
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City	state,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description			on			
Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Austin,	TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	redit Card issue	r Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City	y, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories i	isted at the top of this sched	iule)	(b) Descript	on		
Political Non-Political	(c) Check if travel ou	tside of Texas, Complete	Schedule T.		Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	redit Card Issue	r Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories i	sted at the top of this sched	(ule)	(b) Descripti	on		
Political Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDUL	E AS NEED	ED	

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense 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/Politic	cal Committee	Legal Services	•	Salaries/\	Vages/Contract Labor		enter a category n	ot listed above)
Credit Caro Payment		The Instruct	ion Guide explair	ns how to	complete this form	١.		
1 Total pages Schedule G:	2 FILER NA	ME		•. •		3 Filer	ID (Ethics Co	ommission Filers)
1	Rica	rdo Ale	randyro					
4 Date	5 Payee na	me "/						
3-29-2024	Fies	rdo Alemo	phics					
6 Amount (\$)	7 Payee ad	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended	2051	Careles	Line Ed	•	Brownsvill	Le	Teres	78521
8	(a) Category	(See Categories li	sted at the top of this s	chedule)	(b) Description	NOV.5	<u></u>	a .17*
PURPOSE OF	Malia	But F			Qty: 60 (30 1 10"x4"	Sticker (lecals (10"x 4")
EXPENDITURE		Check if travel outside	of Texas, Complete Sc	hedule T	£		holder living expe	
9	t- t-	late / Officehol			Office sought	toom, M one		fice held
Complete ONLY if direct expenditure to benefit C/OH								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Payee nar	me						
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF	Category	(See Categories II	sted at the top of this s	chedule)	Description			:
EXPENDITURE		Check if travel outside	e of Texas. Complete Sc	hedule T.	Check if	Austin, TX, office	holder living expe	nse
Complete ONLY if direct expenditure to benefit C/C		ate / Officehol	der name		Office sought		- ·	fice held
Date ·	Payee nar	ne						
Amount (\$)	Payee ade	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF	Category	(See Categories lis	sted at the top of this s	chedule)	Description			
EXPENDITURE					growning.			
	لسنسا		of Texas, Complete Sci	nedule T.		Austin, TX, office	holder living expe	
Complete ONLY If direct expenditure to benefit C/OH	Candid	ate / Officehol	der name		Office sought		Of	fice held
	ATTA	CH ADDITIO	NAL COPIES O	F THIS S	CHEDULE AS NI	EEDED		

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 CAT	EGORIES	FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisis Transportation Equipt Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense		
1	Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)		
4	· Date	5 Business	name		a fundamental de	1.000.000000000000000000000000000000000	VACCATA CONTRACTOR AND		
6	Amount (\$)	7 Business	address;		City;	State;	Zîp 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 5	heck 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/O		ate / Officeholder name		Office sought		Office held		
	Date	Business	name .						
	Amount (\$)	Business	address;		City;	State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
			theck if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder living ex	pense		
	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 EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
_			heck if travel outside of Texas, Complete S	ichedule T.	Check if Austin	, TX, officeholder living e	rpense		
_	Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held		
_		ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED			

www.ethics.state.tx.us

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Cor	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 required.)	a instructions regard	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 (Sec required.)	e 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 regan	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 regard	ding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED				

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

SCHEDULE K

·							
The	dule 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; Stat	ie; Zip Code					
	7 Purpose for which amount is received Check if j	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 a	- 141 - F					
	Check if p	political contribution	returned to flier				
Date	Name of person from whom amount is received		Amount (\$)				
•	Address of person from whom amount is received; City; Stat	e; Zip Code					
	Purpose for which amount is received Check if p	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					
1	Purpose for which amount is received	political contribution	returned to filer				
11 1 11111 11111	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule C2 Schedule B Schedule B(J) Schedule D Schedule A2 Schedule F1 Schedule G Schedule F2 Schedule F4 Schedule H Schedule COH-UC Schedule B-SS 6 Dates 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 / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule A2 Schedule D Schedule F1 Schedule G Schedule F2 Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel 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 B Schedule B(J) Schedule C2 Schedule D Schedule A2 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 Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.					
		Complete only if "Report Type" on page 1 is marked "Final Report"					
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned from 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.						
	В.	ASSETS					
	Check	conly one:					
		I 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	OFFICI	EHOLDER					
		plete this section <i>only</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.					
		Signature of Officeholder					



AFFIDAVIT FOR **CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION**

A	An exemption affidavit must be submitted with each paper report.			Date Hand-delivered or Date Postmarked		
Beginning on January 1, 2 \$32,810 in political contril in <u>any</u> calendar year mus		Receipt#	Amount \$			
				Date Processed		
Filer name		Filer ID #		Date Imaged		
	at I have not accepted main political expenditures	ore than \$32,810 in politic in a calendar year.	al contr	ibutions or m	nade	

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL Signature				of Filer			
Sworn to and subscribed befo	re me by			thi	s the	day of	
20, to certify which	n, witness my hand ar	nd seal of office.					
Signature of officer administering	oath	Printed name of	officer administ	ering oath		Title of officer	administering oat
			OR				
(2) Unsworn Declaration							
My name is			, aı	nd my date of b	irth is		
My address is	(street)		,	(city)	(state)	(zip code),	(country)
Executed in	County, State o	of	, on the	day of	(month)	, 20 (year)	
		÷		Sid	nature of Fil	ler (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received