RONALD MOORE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	: 1980 AN 1970AN ARTEL STOCK AREA CO.	STATE OF STATES					
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		МІ	OFFICE USE ONLY		
NAME	Mr.	Ronald					
	NICKNAME	LAST		SUFFIX	Date Received CAMERON COUNTY		
	Ronnie	Moore			DEPARTMENT OF ELECTIONS & VOTER REGISTRATION		
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STA	ATE; ZIP CODE	VOTER REGISTRATION		
OFFICEHOLDER MAILING ADDRESS	202 Orange	Lane Laguna Vista	a, Texas 785	578	OCT 28 2024		
Change of Address					25051145		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EX.	TENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER PHONE	(956)	459-2054		E	V:		
	MS / MRS / MR	FIRST		MI	Receipt # Amount \$		
6 CAMPAIGN TREASURER				• *********			
NAME	Mrs.	Ana		Laura	Date Processed		
	NICKNAME	LAST		SUFFIX	Date Imaged		
	Lori	Moore	į,				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	202 Orange	Lane Laguna Vista	. Texas 785	78			
(Residence or Business)			,				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EX.	TENSION			
TREASURER							
PHONE	(956)	459-2053					
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	X 8th day before el	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year		Month	Day Year		
COVERED	07	/ 15 / 2024	THROUGH	н 10	/ 28 / 2024		
11 ELECTION	ELECTION DA	TE		ELECTION TYPE			
	Month Day	Year Primary	Runoff	Other			
	11 / 05		Special	Description			
	11/05/	2024					
12 OFFICE	OFFICE HELD (if any)	-	13 OF	FICE SOUGHT (if know	n)		
			Can	neron County (Constable Pct. 1		
14 NOTICE FROM	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS			MADE BY POLITICAL COMMITTEES TO SUPPORT		
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN M	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
_	GENERAL	COMMITTEE ADDRESS					
Additional Pages							
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TE	REASURER ADDRE	ss			
			2				
	GO TO PAGE 2						

4.31

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rona	ald Moore	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	p	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	r
	r icase complete chiler option sciev	•
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is Ronald I	Moore, and my date of birth is	July 29, 1069
My address is 202 O		TX , 78578 , U.S.A
		state) (zip code) (country)
Executed in Cameror	County, State of <u>Texas</u> , on the <u>28</u> day of <u>Oct</u> (month	ober , 20 <u>24</u> . (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com					
	Ronald Moore					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
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 CO	\$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to	1 Total pages Schedule A1:		
2 FILE	R NAME	Ronald. Moore	3 Filer ID (Ethics Commission Filers)		
4 Date		5 Full name of contributor			7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8 Princ	cipal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date		Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	*	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					tions)
Date		Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Princ	ipal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Date		Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Princ	ipal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
					2
		ATTACH ADDITIO		OF THIS SCHEDULE AS Nuction guide for additional	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	1E		3 Filer ID (Ethics Co.	mmission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	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 outside	de of Texas. Complete Schedule T.		
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA			
12 Contributor'	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)		
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsic	 de of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)		
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF I			a requirements.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

	if the reques	sted information is not applicable, DO NOT Incl	ude this page	in the report.		
	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Sched	ule B:	
2	FILER NAME	·	3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES		\$		
5	Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description	
	(KE)	7 Pledgor address; City; State	; Zip Code	Charle if travel auto	 - -	
10	Principal occu	pation / Job title (See Instructions)	Employer (See		ide of Texas. Complete Schedule T.	
	,					
	Date	Full name of pledgor)	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	ation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State	; Zip Code		 	
	-		17	Check if travel outs	l _. ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State;	Zip Code		 	
		,		Check if travel outs	l ide of Texas. Complete Schedule T.	
	Principal occup	eation / Job title (See Instructions)	Employer (See	I Instructions)		
	lf :	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see Instru-			requirements.	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	OT include this page in the re	port.				
The I	nstruction Guide explains how to comp	olete this form.	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS						
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate				
Y N			11 Maturity date				
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)					
14 Description of Colla	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 Occupati	on (See Instructions)	21 Employer (See Instructions)					
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)				
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
Institution? Y N			Maturity date				
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)					
Description of Colla	ateral	Check if personal fun- 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 Occupation	on (See Instructions)	Employer (See Instructions)	I				
If le	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NEI					

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ronald Moore 4 Date 5 Payee name 6 Amount (\$) City; 7 Payee address; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State: Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** 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 Amount (\$) Payee address; City; State; Zip Code 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

ii tiio requested iiiioi	nadon lo n							
		EXPENDIT	JRE CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Overt Polling Expe Printing Exp Salaries/Wa		Transpo Travel I Travel C Olher (e	tion/Fundraising B ortation Equipmer n District Out Of District enter a category n	nt & Related Expense
1 Total pages Schedule F2:	2 FILER	VAME				3 Filer	ID (Ethics Con	nmission Filers)
4 TOTAL OF UNITER	IIZED UN	PAID INCURF	RED OBLIG	SATIONS	3	\$		
5 Date	6 Payee r	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Polit	ical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories liste	d at the top of this s	schedule)	(b) Description	19		
	(c)	Check if travel outside of	Texas. Complete Sc	chedule T.	Check if	Austin, TX, offic	ceholder living exp	ense
11 Complete ONLY if direct expenditure to benefit C/Oh		didate / Officeholo	der name	Of	fice sought		Office held	
		×	der name	Of	fice sought		Office held	
expenditure to benefit C/OF	Payee i	×	der name	Of	City;		Office held	Zip Code
expenditure to benefit C/OF	Payee Payee	name	der name	Off	City;	,		
Date Amount (\$)	Payee I	name address;		Non-Poli	City;			
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee I	name address; Political	d at the top of this :	Non-Poli	City; tical Description			Zip Code
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee Payee Payee Categor	name address; Political y (See Categories liste	d at the top of this s	Non-Poli schedule) Schedule T.	City; tical Description		State;	Zip Code
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee Payee Payee Categor	name address; Political y (See Categories liste	d at the top of this s	Non-Poli schedule) Schedule T.	City; tical Description Check i		State;	Zip Code

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total p	pages Schedule F3:	
2 FILER NAME		3 Filer II	O (Ethics Commission	on 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	;;	State;	Zip Code
	Description of investment			
	Amount of investment (\$)			
	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **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 Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Ove Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filers)
					Ther is (Ellies	oommission i norsy
4 Date	5 Payee nar	ne				
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended		· · · · · · · · · · · · · · · · · · ·	* *			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Calegories listed at the top of this so	chedule)	(b) Description		
LAFENDITORE	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought	(Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended		,				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	ichedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/0		late / Officeholder name		Office sought	(Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS SO	CHEDULE AS NEED	ED	

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

SCHEDULE H

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		22	
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	Office Of Polling E Printing I Salaries	Expense Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipm rict District	g Expense ent & Related Expense v not listed above)
		The Instruction Guide expla	ins now to	complete this form.			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business	name		-			
6 Amount (\$)	7 Business	address;		City;	SI	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		C	Office held
Date	Business	name		,			
Amount (\$)	Business	address;		City;	SI	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		-	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	s , s	Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEED	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to con	nplete 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 required.)	instructions regard	ling 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.)	instructions regard	ling 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.)	instructions regard	ling 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.)	instructions regard	ling type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.			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	is Address of person from whom amount is received; City; Stat				
7	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 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; Stat				
	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			
	Purpose for which amount is received Check if p	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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Pa	ayee	E.			
5 Contribution / Expenditure reporte	d on:					
	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	of person(s) traveling					
8 Departu	ure city or name of departure location					
9 Destina	tion city or name of destination location					
10 Means of transportation						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reporte	d on:					
Schedule A2 Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of	of person(s) traveling					
Departure city or name of departure location						
Destina	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 reporte	d on:					
Schedule A2 Sched	ule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2 Sched	ule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of	of travel Name of person(s) traveling					
Departu	Departure city or name of departure location					
Destina	Destination city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)					
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.					
		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 only 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.					
		s	ignature of Candidate			
5		CHOLDER Delete 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 d file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political conpolitical contributions or interest or other income from political contributions.	after filing the last required report as			
		Sig	gnature of Officeholder			