# RICARDO ALEJANDRO

SEMI-ANNUAL REPORT JANUARY 15, 2025

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CANDIDATE / OFFICEHOLDER  CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1		
The C/OH Instruction (	Suide explains how	to complete this form.	1 Filer i	D (Ethics Commission Filers)	2 Total pages fi	lled: /8	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST LICCARDS		MI		USEONLY	
	NICKNAME	Alexandi			Date Received  CAMERON CO PARTMENT OF E  VOTER REGIST	ELECTIONS &	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		oity: Dwysvi <sup>9</sup> lle	Tetas 78521-	JAN 13	2025	
Change of Address				6203	RECEIVE	ED	
5 CANDIDATE/ OFFICEHOLDER PHONE	(95%)	PHONE NUMBER 459-0863		EXTENSION By Communication		d account the planed	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$	
TREASURER NAME	Mrs	Veronica	94		Date Processed	·	
	NICKNAME	Vasque 2	Alexan	SUFFIX	Date Imaged		
7 CAMPAIGN		(NO PO BOX PLEASE); APT	/ SUITE #;	CITY:	STATE:	ZIP CODE	
TREASURER ADDRESS	6824 Ma	intebello	Ba	ownsulle	Texas	78521-60 - 6203	
(Residence or Business)	AREA CODE	DUONE NUMBEO		FIGURE			
8 CAMPAIGN TREASURER PHONE		PHONE NUMBER		EXTENSION			
9 REPORT TYPE	January 15	30th day befo	ore election	Runoff		fter campaign ppointment er Only)	
	July 15	8th day before	e election	Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Yea	F	
COVERED	10	127 / 2024	THRO	ugh 12	/31/20	>24	
11 ELECTION	ELECTION DA	TE	——————————————————————————————————————	ELECTION TYPE	<u> </u>		
	Month Day	Year Prima	ary Run	Description	n , 0 .	)	
		Gene	eral Spe	cist	Final Rep	014	
12 OFFICE	OFFICE HELD (if any)		13 C	OFFICE SOUGHT (IF KNOW	Cornmissio	ner PCT. 1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFK	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITU S AND OFFICEHOLDERS ARE RE	URES MAY HAVE BE	EN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
_	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAM	E	•*		
		COMMITTEE CAMPAIGN	TREASURER ADI	DRESS			
	1	GO T	O PAGE 2			*** The State of Control of Contr	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

•		
15 C/OH NAME	Ricardo Alejandro 16 Fi	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5, TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ O
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	$\sim$ $\wedge$ .	
	Lichard Ftly	
	Signature of Candidat	e or Officeholder
		•
	Please complete either option below:	
:		
(1) Affidavit		
NOTARY STAMP/SEA	L	
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	pring oath Printed name of officer administering oath	Title of officer administering oath
<b>原本设备等的</b> 以及中	<b>on</b>	<b>学院的工程工程的企业</b>
(2) Unsworn Declarati	on .	
My name is $\_$	icardo Alejandio , and my date of birth is	01-19-1979
My address is682	24 Montebello Brownsuille TX.	<u> 78521. USA</u> .
	(street) (city) (state)	(zip code) (country)
Executed in <u>CUMP(10</u>	N County, State of Teyas, on the 13th day of Januar	y, 20 <u></u>
	Signature of Candidate/Of	ficeholder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
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 CONTRIBUTO FILER	TIONS RETURNED	\$	

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM	<b>E</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	•
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	· .
Principal occi	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAME		3 Filer ID (Ethics Co.	mmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date 6 Full name of contributor  out-of-state PAC (ID#:	6 Full name of contributor			
7 Contributor address; City; State;	Zip Code	Charle if traval outsi	de of Texas, Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	FOR NON-JUDICIA		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
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 outsle	      de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employe	FOR NON-JUDICI	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			·	
ATTACH ADDITIONAL COPIES OF 1			a requirements.	

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	The	Instruction Guide explains how to complete this	s form,	1 Total pages Sched	lule B:
2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date  6 Full name of pledgor			8 Amount of Pledge \$	9 In-kind contribution description
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See		I I ide of Texas. Complete Schedule T.
		paron, too are (con mandenons)	11 cilibioyei (See	nisu ucuoris)	
	Date	Full name of pledgor 🔲 out-of-state PAC (iD#;		Amount of Pledge \$	In-kind contribution description
:		Pledgor address; City; St	ate; Zip Code		.   
				Check if travel outsi	│. 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; St	ate; Zip Code		 
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occur	pation / Job title (See Instructions)	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 occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	and the contraction of the contr				
	lf o	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see insti			requirements.

### LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.						
,	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	\$					
5	Date of loan		PAC (ID#:)	9 Loan Amount (\$)			
6	Is lender a financial Institution?	8 Lender address; City;	State; Zlp Code	10 Interest rate			
	Y N			11 Maturity date			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
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		ion (See Instructions)	21 Employer (See Instructions)				
<del></del>	Date of loan	Name of lender 🔲 out-of-state i	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; Clty;	State; Zlp Code	Interest rate			
	Institution?			Maturity date			
	Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)				
	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
		Guarantor address; City;	State; Zlp Code				
_	not applicable		Employer (See Instructions)				
	Principal Occupati	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.						

### **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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services		/ages/Contract Labor	Travel Out Of Distric Other (enter a category	
1 Total pages Schedule F1:	2 FILER NAME	111/7		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name				***************************************
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at		(b) Description		
	(c) Check if travel outside of Tex	as. Complete Schedule T,	Check If Austin,	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought		Office held
Date	Payee name		1990		
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at ti	he top of this schedule}	Description		
***************************************	Check if travel outside of Texa	s. Complete Schedule T.	Check If Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me	Office sought	· Min	Office held
Date	Payee name				The second secon
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	ue top of this schedule)	Description		:
	Check if travel outside of Texe	s. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Office sought		Office held
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS NEED	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)** Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee 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 Check if travel outside of Texas, Complete Schedule T. Office held 11 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State: Zip Code Payee address; Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

7	The Instruction Guide explains how to complete this form.	1	Total p	ages Schedule	F3:
2 FILER NAME		3	Flier ID	(Ethics Comm	ission Filers)
4 Date	5 Name of person from whom investment is purchased	1			Annie de An
	6 Address of person from whom investment is purchased; C		• • • • • • •	State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased			makananta u	40 - 40 - 40 - 40 - 40 - 40 - 40 - 40 -
	Address of person from whom investment is purchased; Cit		••••	State;	Zip Code
	Description of investment	•			
	Amount of investment (\$)			* 100-1	
			····	3-1994	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED	C TOTAL PRINTED A L. L.

### **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

Event Expense Fees Food/Beverage Expense Gitt/Awarts/Mamorials Eve

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Polit		dces		⊏xpense Wages/Contract I		ther (enter a categor	y not listed above)
The Instruction	Gulde explains how to co	mplete this form.		USE A NEW P	AGE FOR EAC	CH CREDIT CARE	SSUER
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 institution					-	
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	(b) Date Expenditure Charged (c) Date(s) Credit Card			Paid	
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	dule)	(b) Description	1	,	
Political Non-Political	(c) Check if travel out	tside of Texas. Complete	e Schedule T.		Check If Austin, T	X, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held	Í
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ıre Charged	(c) Date(s) Cre	dit Card Issuer I	Paid	
PAYEE	(a) Payee name		(b) Payee add	L dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Political Non-Political	(c) Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense					expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held	1
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cre	dit Card Issuer I	Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description			)			
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin	ı, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held	
	ATTACH ADDIT	FIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDE	:D	

# 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel in District 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **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 Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services	Expense Printing Expense Salaries/Wages/Cor	Travel C htract Labor Other (e	Dut Of District inter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	inde explains now to complete		ID (Ethics Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	and the second second second	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	ie top of this schedule) (b) Des	scription	
	(c) Check if travel outside of Texas	s, Complete Schedule T.	Check if Austin, TX, officel	holder living expense
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder nar DH	me Office so	ought	Office held
Date	Business name			
Amount (\$)	Business address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	e top of this schedule) Des	scription	
EXPENDITORE	Check if travel outside of Texas.	. Complete Schedule T.	Check if Austin, TX, officeh	nolder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nar DH	me Office so	ought	Office held
Date	Business name	4.		
Amount (\$)	Business address;		City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at th	ne top of this schedule) Des	scription	
EXPENDITURE	Check If travel outside of Texas	s. Complete Schedule T.	Check if Austin, TX, officel	holder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na DH	ime Office s	ought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDU	ULE AS NEEDED	A formulation v

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

***************************************	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	l	
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 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 required.)	e instructions regarding type of information
Date	Payee name	- Control of the Cont	
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions 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 required.)	instructions regarding type of information
1 400 20	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED .

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

### SCHEDULE K

The instruction Guide e	1 Total pages Schedule K:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Date 5 Name of person fi	rom whom amount is received	8 Amount (\$)				
	n from whom amount is received; City; Sta	ute; Zip Code				
7 Purpose for which	amount is received Check if	political contribution returned to filer				
Date Name of person fi	rom whom amount is received	Amount (\$)				
	n from whom amount is received; City; St	ate; Zip Code				
Purpose for which	n amount is received Check if	political contribution returned to filer				
Date Name of person f	rom whom amount is received	Amount (\$)				
	n from whom amount is received; City; Sta	nte; Zlp Code				
Purpose for which	amount is received Check if	political contribution returned to filer				
Date Name of person f	rom whom amount is received	Amount (\$)				
Address of perso	n from whom amount is received; City; St	ate; Zip Code				
Purpose for which	n amount is received Check if	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

### SCHEDULE T

if the requested information is not applicable, DO NOT include this page in the report.							
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME	ER NAME			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	e of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	diture reported	d on:					
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	·	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling						
	8 Departu	re city or na	me of departure loca	ation			
	9 Destinat	ion city or n	name of destination l	ocation			
10 Means of transportat	lion	11 Purpos	se of travel (Including	g name of conference,	seminar, or other event)		
Name of Contributor	/ Corporation	or Labor Or	ganization / Pledgor	r / Payee			
Contribution / Expend	diture reported	on:					
Schedule A2	Sch	edule 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 o	f person(s)	traveling				
	Departu	re city or na	ume of departure loca	ation			
	Destinat	ion city or n	name of destination l	ocation			
Means of transportat	Purpos	Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	diture reported	on:	· · · · · · · · · · · · · · · · · · ·				
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
Destination city or name of destination location							
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)					
- Printed and Park	AT	TACH ADI	DITIONAL COPIES	OF THIS SCHEDUL	E 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" ••						
3	SIGNA	IATURE				
	designa	ot expect any further political contributions or political expenditures in connection with my nating a report as a final report terminates my campaign treasurer appointment. I also un aign contributions or make any campaign expenditures without a campaign treasurer appointment.  Signature	nderstand that I may not accept any			
4 FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS	•			
	Chec	ck only one:				
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.			
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended			
	B.	ASSETS				
	Chec	eckronly one:				
	V	I do not retain assets purchased with political contributions or interest or other income	e from political contributions.			
		I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to			
			<b>9.</b>			
5		CEHOLDER Implete this section only if you are an officeholder  I am aware that I remain subject to filing requirements applicable to an officeholder who defile. 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 contributions.	after filing the last required report as			
		political contributions or interest or other income from political contributions.	gnature of Officeholder			



# AFFIDAVIT FOR

	CANDIDAT ELECTRON				
	An exemption affida	avit must be submitted with each	paper report. Date	Hand-delivered or	Date Postmarked
Beginning on Januar	ed more than				
		more than \$32,810 in political e ent reports electronically.	expenditures Rece	ipt# A	mount \$
			Date	Processed	
Filer name		Filer ID #	Date	Imaged	
I swear or affire more than \$32,	n that I have not acc 810 in political expe	cepted more than \$32,810 ir enditures in a calendar year.	n political contribu	tions or ma	de
<ol><li>I further swear contributions, p</li></ol>	or affirm that I do no olitical expenditure:	ot use computer equipment t s, or persons making politica	to keep current re Il contributions to	cords of pol me.	litical
3. I further swear	or affirm that no per	son acting as my agent or c	onsultant, and no	person with	n 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/SE	EAL				Signature of Filer		
Sworn to and subscribed before me by			Philipping de la company de la	th	is the	day of	•
Signature of officer adminis	stering oath	Printed name of office	r administe	ring oath		Title of office	r administering oat
<b>克里尔克斯斯</b> 克	<b>经1960年的基础的</b> 1960年的	OR				· 流浪 展刊	
(2) Unsworn Declarat	lion						
My name is		7.7710**********************************	, and	l my date of t	oirth is		
My address is			_1 <u>,                                     </u>	(city)		(zip code)	(country)
Executed in	County, State of	,,	on the	day of _	(month)	, 20 · (year)	,
			-	SI	gnature of Fi	ler (Declarant)	

OFFICE USE ONLY

Date Received