CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form	Filer ID (Ethics Commission Filers) m.	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr Mark		Date Received
	NICKNAME LAST	SUFFIX	11/02/000
	Ferraz		11/05/2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 393 Berkley Dr Mo	ontgomery TX 77356	at &
Change of Address			l. gin.
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(832) 646-8524		11/03/2020 @1:150
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms Amand	1a 	Date Processed 7020
	Burnett	5 (84 1)(3.04(244))	Date Imaged 3/3000 F
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); A	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	393 Berkley Dr	Montgomery	TX 77356
(Residence or Business)			
22			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 398-0937	EXTENSION	
9 REPORT TYPE	January 15 30th day b	efore election Runoff	15th day after campaign treasurer appointment
	July 15 8th day bef	fore election. Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OOVERED	2 / 14/ 2020	THROUGH 3/	10 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	. / *
	Month Day Year Pr	rimary Runoff Other Description	
	11 / 3 / 2020 Ge	eneral Spéciál *****	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Montgomery City Co	
	,		
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)				
Mark Ferraz							
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,				
17 CONTRIBUTION TOTALS	PLEDG	L UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ ₀				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ₀				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0						
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$984.40					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	TDAY \$0				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* O				
AFFIX NOTA MOED	RS ALABOVE	under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me addidate or Officeholder				
Sworn to and subscribed day of NEMB	cribed before me,	to certify which, witness my hand and seal of office	this the Jorney Lucisc				
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath				
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	Revised 1/1/2020				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ State; Zip Code City; 6 Contributor address; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date State: Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ State; Zip Code City; Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19	19 FILER NAME 20 Filer ID (Ethics Con				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: 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 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	\$ 984.40			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

00111	KIBOTIONO							
Th	e Instruction Guide explains how to complete this form	n.		1 Tota	pages Sched	lule A2:		
2 FILER NAME					ID (Ethics Co	ommission	Filers)	-
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	3UTI	ONS	\$				
5 Date	6 Full name of contributor)		ount of . ntribution \$.		nd contribution cription	1
	7 Contributor address; City; State;	 Zip C	 ode	Che	ck if travel outs	ide of Texa	s. Complete Sche	edule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11	Employe	r (FOR	NON-JUDIC	IAL)(See	Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	tor's job	title (FOR JI	JDICIAL)	(See Instructio	ns)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firn	of cont	ributor's spot	use (if any	/) (FOR JUDIC	IAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor)	Am Co	ount of ntribution \$		ind contribution cription	7
	Contributor address; City; State;	Zip (Code				ıs. Complete Sch	odulo T
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employ		NON-JUDIC			sudie 1.
Contributor's	principal occupation (FOR JUDICIAL)		Contrib	tor's jok	title (FOR J	UDICIAL)	(See Instruction	ns)
Contributor's	s employer/law firm (FOR JUDICIAL)		Law firr	of con	tributor's spo	use (if an	y) (FOR JUDIC	IAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
	ATTACH ADDITIONAL COPIES OF	THIS S	SCHED	ILEAS	NEEDED			

Forms provided by Texas Ethics Commission

Revi

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor 8 9 In-kind contribution out-of-state PAC (ID#: Amount of Pledge \$ description State; Zip Code 7 Pledgor address; City; _ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor In-kind contribution ut-of-state PAC (ID#:_ Pledge \$ description Pledgor address; State; Zip Code City; Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ate this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
Principal occupa	tion / Job title (See instructions)	13 Employer (See Instructions)	
Description of Co	llateral	15 Check if personal fun	ds were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	ation (See Instructions)	21 Employer (See Instructions)	
	ation (See Instructions)	21 Employer (See Instructions) PAC (ID#:)	Loan Amount (\$)
Principal Occup. Date of loan Is lender a financial	ation (See Instructions)		Loan Amount (\$)
Principal Occup	Name of lender	PAC (ID#:)	
Principal Occup. Date of loan Is lender a financial Institution? Y N	Name of lender	PAC (ID#:)	Interest rate
Principal Occup. Date of loan Is lender a financial Institution? Y N Principal occupa	Name of lender out-of-state I Lender address; City;	State; Zip Code Employer (See Instructions)	Interest rate Maturity date date
Principal Occup. Date of loan Is lender a financial Institution? Y N Principal occupa	Name of lender out-of-state I Lender address; City;	State; Zip Code Employer (See Instructions)	Interest rate Maturity date date
Principal Occup. Date of loan Is lender a financial Institution? Y N Principal occupa Description of Co.	Name of lender out-of-state lender address; City; tion / Job title (See Instructions) Name of guarantor Guarantor address; City;	State; Zip Code Employer (See Instructions)	Interest rate Maturity date Maturity date

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name State; Zip Code 6 Amount (\$) City: 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** 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 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address: Description Category (See Categories listed at the top of this schedule) **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 Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **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

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

Forms provided by Texas Ethics Commission

11/03/20 at 1:15 pm,

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		4 Total pages Schodula 52
Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
·	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	v; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Il Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$					
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	-					
PURPOSE OF EXPENDITURE								
EXI EIGHT ONE	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
TYPE OF EXPENDITURE	Political [Non-Political						
PURPOSE	Category (See Categories listed at the top of thi	is schedule) Description						
OF EXPENDITURE								
EXPENDITORE	Check if travel outside of Texas. Complete	e Schedule T. Check if A	sustin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED					

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11-03-20 AF 1:15pm, B

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 5 Payee name 4 Date Spirit Hand Line, LLC 3/10/2020 7 Payee address; 6 Amount (\$) State; Zip Code PO Box 789 984.40 TX Montgomery 77356 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF Advertising Expense Signs and promotional items EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) State: Zip Code City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: 4 Date Business name Zip Code State: 6 Amount (\$) 7 Business address; City; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Business name Date Zip Code State: Business address; City; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code Amount (\$) Business address; City; State; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Serequired.)	ee 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 (Se required.)	ee instructions regar	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	ee instructions regar	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regar	rding type of	information	
		00-2012				

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

SCHEDULE K

	La contraction and the con	1 Total pages Sched	dule K:
	Instruction Guide explains how to complete this form.		
2 FILER NAME		3 Filer ID (Ethics	Oomanasion Filets)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta		
	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		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zíp Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St		
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED	

Forms provided by Texas Ethics Commission

11-03-20 at 1:15 pm. The second commission of the sec

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

SCHEDULE T

The Instruction Guid	1 Total pages Schedule T:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reporte	d on:							
	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1						
6 Dates of travel 7 Name of	of person(s) traveling							
8 Departs	ure city or name of departure location							
9 Destina	ation city or name of destination location							
10 Means of transportation	11 Purpose of travel (including name of conference	e, seminar, or other event)						
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reporte	ed on:							
Schedule A2 Sch	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1						
Schedule F2 Scl	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS						
Dates of travel Name	of person(s) traveling							
Depart	ure city or name of departure location							
Destina	ation city or name of destination location							
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)						
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reporte	ed on:							
Schedule A2 Sched	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1						
Schedule F2 Sched	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
Dates of travel Name	of person(s) traveling							
Depart	ure city or name of departure location							
Destina	ation city or name of destination location							
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

Forms provided by Texas Ethics Commission

11-03-20 at 1: Fym. St.

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" ••
C/OH N	AME 2 Filer ID (Ethics Commission Filers)
SIGNAT	TURE
ing a reg	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
FILER	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
Chec	k 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.
	Signature of Candidate
OFFIC	EHOLDER uplete 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
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