K	"	,
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form	m. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
NAME	Mr Mark		Date Received	
	NICKNAME LAST	SUFFIX	11/2/20	
1	Ferraz		11/2/20	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	all	
OFFICEHOLDER MAILING ADDRESS	393 Berkley Dr M	ontgomery TX 77356	1:19m.	
Change of Address			79	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand delivered as Date Response A	
PHONE	(832) 646-8524		Date Hand-delivered or Date Postmand	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	Ms Amano	da 	Date Processes / 22 22	
	NICKNAME LAST	SUFFIX	Date Imaged	
	Burnett		11/3/2000 0	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); A		STATE; ZIP CODE	
ADDRESS	393 Berkley Dr	Montgomery	TX 77356	
(Residence or Business)	4			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(979) 398-0937			
• DEDORT TYPE				
9 REPORT TYPE	January 15 30th day b	perfore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day bef	fore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	3 / 11 / 2020	THROUGH 7	15 / 2020	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
		rimary Runoff Other Description		
	11 / 3 / 2020 Ge	eneral Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		Montgomery City Co	ouncil Pos 1 .	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		18	5 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	*		
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR	*o	
TOTALS		RIBUTIONS MADE ELECTRONICALLY)	0	
	201	POLITICAL CONTRIBUTIONS	\$ · 0	
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	. 0	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	* o	
	4. TOTAL	POLITICAL EXPENDITURES	^{\$} 1,321.35	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD		
OUTSTANDING LOAN TOTALS	LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVITA		SAN L. HENS		
18 AFFIDAVITATION TOO	lu.	SAN L. HENS swear, or affirm, under penalty of po	erjury, that the accompanying report is	
		SAN L. HEN swear, or affirm, under penalty of pure and correct and includes all info	rmation required to be reported by me	
	TEXAG	under Title 15, Election Code.		
5		A CONTENTS OF THE PROPERTY OF		
		OF TEXTS Signature of Cancel Control of Cancel Canc	lidate or Officeholder	
WDED 183	and a second sec	RES 4-8-2023 MININ		
AFFIXMUMENT	ĬP/SEALABOVE		4	
Sworn to and subsc	ribed before me, l	by the said MARK FERRAZ	, this the	
day of Wenge	20 20	to certify which, witness my hand and seal of office.	Almalkhaun	
Javan (5	Tous lo	SUSAN HENSLEY (171 BECKETHICL	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Peraz 20 Filer ID (Ethics Commission Filers)					
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	\$ 1,321.35				
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	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:	
2	FILER NAME		:	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; S			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date	Full name of contributor □ out-of-state PAC (ID#	4:)	Amount of contribution (\$)	
		Contributor address; City; S	State; Zip Code	*	
	*				
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date	Full name of contributor	#:)	Amount of contribution (\$)	
		Contributor address; City; S	State; Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
•	Date	Full name of contributor	#:)	Amount of contribution (\$)	
	a .	Contributor address; City; S	State; Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:	
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$.	
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description	
	7 Contributor address; City; State;	Zip Code		
10 Principal	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	ver (FOR NON-JUDICIAL)(See Instructions)	
12 Contribut	or's principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JUDICIAL) (See Instructions)	
14 Contribut	or's employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contrib	ator is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Fuil name of contributor)	Amount of . In-kind contribution Contribution \$. description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)	
Contribu	or's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)	
Contribu	or's employer/law firm (FOR JUDICIAL)	Law fin	irm of contributor's spouse (if any) (FOR JUDICIAL)	
If contrib	utor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			•	
	ATTACH ADDITIONAL COPIES OF			

orms provided by Texas Ethics Commission www.ethics.state.tx

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedu	le B:
2	FILER NAME		i i	3 Filer ID (Ethics Co	mmission 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
		7 Pledgor address; City; State	; ; Zip Code		
				Check if travel outside	de of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions) 11	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; ; Zip Code		
				Check if travel outside	de 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		
			1	Check if travel outside	de of Texas. Complete Schedule T.
	Principal occu	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 outside	de of Texas. Complete Schedule T.
	Principal occup	Dation / Job title (See Instructions)	Employer (See		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

11/03/20 at 1-15pm. www.ethics.state.tx.us

LOANS			SCHEDULE E
The I	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
? FILER NAME			3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	IITEMIZED LOANS		\$
Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
ΥN			11 Maturity date
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	ateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	 Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruc	nds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	
Principal Occupation	,		

Forms provided by Texas Ethics, Commission

11/03/20 at 1:15 Pm.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics 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 the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule F2:	2 FILER NAME	÷	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	ONS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non	-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political Nor	-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description		
	Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Ti	ne 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; City	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	
	Description of investment	
	Amount of investment (\$)	
8	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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| 11/03/20 at 1:15 pm. | www.ethics.state.tx.us

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		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 expla	nins 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 CHARGEI	D 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	is schedule) (b) Description		
	(c) Check if travel outside of Texas, Complet	te Schedule T. Check if Au	stin, 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 OF EXPENDITURE	Category (See Categories listed at the top of the	nis schedule) Description		
	Check if travel outside of Texas. Comple	te Schedule T. Check if Al	ustin, 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 NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7/15/2020 Facebook Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,117.35 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF Facebook Advertising Advertising Expense 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 Payee name Date 3/12/2020 Wix.com LTD Amount (\$) Payee address; State; Zip Code City; \$204.00 40 Namal 6350671 Tel Aviv Israel Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF Advertising Expense Website Hosting **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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

15 pm. www.ethics.state.tx.us

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 Git/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/Politi Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how to	es/Wages/Contract Labor to complete this form.	Other (enter a category	not listed above)	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)	
4 Date	5 Business name				
6 Amount (\$)	7 Business address;	City;	State;	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 Schedule T.	luleT. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	ffice 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			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	ffice held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			pense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	Office held	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEE	EDED		

Forms provided by Texas Ethics Commission

11-03-20 AT 1:15pm.

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www<u>:ethjics.state.tx.us</u>

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

8	The Instruction Guide explains how to comp	lete 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 (So required.)	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 (S required.)	ee instructions rega	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 (S required.)	ee instructions rega	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 (S required.)	ee instructions rega	rding type of	information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

_						
	The	dule K:				
2	FILER NAME		3 Filer ID (Ethic	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; State	te; Zip Code			
		7 Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; Sta	ate; Zip Code			
		Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; Stat	te; Zip Code			
		Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; Sta				
		Purpose for which amount is received Check if p	political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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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 /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend Schedule A2 Schedule F2	Sche	on: edule B edule F4	Schedule B(J)	Schedule C2	Schedule D Schedule COH-UC	Schedule F1
6 Dates of travel	Pates 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						
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	liture reported	f on:				
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				Schedule F1	
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				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 transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	ilture reported	on:				
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC [Schedule B-SS
Dates of travel						
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
	A ⁻	ITACH A	DDITIONAL COPIES	OF THIS SCHEDUL	LE AS NEEDED	

Forms provided by Texas Ethics Commission

11-03-20 at 1:15 pm, www.ethics.state.tx.us

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" 2 Filer ID (Ethics Commission Filers) 1 C/OHNAME **3 SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. **CAMPAIGN FUNDS** Check only 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. 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. Signature of Candidate **OFFICEHOLDER** .. Complete this section only 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

Forms provided by Texas Ethics Commission

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