

Starting/Ending Your Campaign for Primary/General Election Go to the Texas Ethics Website to get familiar with the process.

<https://www.ethics.state.tx.us/resources/cf/StartEndCampaign.php>

For **COH**/JCOH/SCC Filers

Local Filers

1. File a campaign treasurer appointment <https://www.ethics.state.tx.us/forms/TREASindex.php> with your local filing authority before you file an application for a place on the ballot, announce your intent to run for public office, or solicit or accept contributions or make expenditures.
2. If you plan to accept contributions, open a separate bank account that is separate from any other bank account you maintain.
3. Begin campaigning for elective office and obtain a place on the ballot. (Contact the Texas Secretary of State or your local elections official for information on ballot access.)
4. Check the filing deadlines and timely file all required campaign finance reports, which may include:
 - a. Semiannual reports due on January 15 of each year;
 - b. Semiannual reports due on July 15 of each year;
 - c. 30-day pre-election reports;
 - d. 8-day pre-election reports; and
 - e. Runoff reports.
5. Continue filing reports until you file a final report when you expect to have no reportable activity connected with your candidacy. (See Checklist for Ending my Campaign.)

Filing for a Place on the Ballot

Filing is scheduled to begin Saturday, November 13, 2021 and deadline is Monday, December 13, 2021 at 6:00 PM with respective party. Filing fees/petition will be due at time of filing.

Howard County Republican Chairman
Nolan Dominguez
nmdominguez1999@gmail.com

Howard County Democratic Chairman
Ben Zeichick
941-875-1729

Important Dates: <https://www.sos.state.tx.us/elections/voter/important-election-dates.shtml>

For more information: <https://www.sos.texas.gov/elections/candidates/index.shtml>

County Website: <http://www.co.howard.tx.us/>

Elected Offices of Howard County

*DENOTES OFFICE UP FOR ELECTION IN 2022

*COUNTY JUDGE

SHERIFF

*COUNTY CLERK

*COUNTY TREASURER

COUNTY ATTORNEY

TAX ASSESSOR/COLLECTOR

*DISTRICT JUDGE

*DISTRICT CLERK

DISTRICT ATTORNEY

COUNTY COMMISSIONER PCT 1

*COUNTY COMMISSIONER PCT 2

COUNTY COMMISSIONER PCT 3

*COUNTY COMMISSIONER PCT 4

JUSTICE OF THE PEACE PCT 1

*JUSTICE OF THE PEACE PCT 1 P1 2

*JUSTICE OF THE PEACE PCT 2

CONSTABLE PCT 1

*CONSTABLE PCT 2

*COUNTY SURVEYOR

Filing begins Saturday, November 13, 2021 and filing deadline for candidates; filing deadline for independent candidates to file declaration of intent is Monday, December 13, 2021 at 6:00pm

All fields MUST be completed UNLESS MARKED OPTIONAL.¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE _____ PARTY GENERAL PRIMARY BALLOT (Democratic or Republican)					
TO: State/County Chair					
I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)				INDICATE TERM <input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)			PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence, if available.)		
CITY	STATE	ZIP	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank)		DATE OF BIRTH / /	VOTER REGISTRATION VOID NUMBER ² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN IN STATE ____ year(s) ____ month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED ____ year(s) ____ month(s)	
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) _____, who being by me here and now duly sworn, upon oath says: "I, (name of candidate) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I further swear that the foregoing statements included in my application are in all things true and correct."					
X _____ SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the ____ day of _____, _____, by _____. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Year Name of Candidate </div>					
Signature of Officer Administering Oath ³			Title of Officer Administering Oath		
TO BE COMPLETED BY CHAIR OR DESIGNEE: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE PAID BY: <input type="checkbox"/> CASH, <input type="checkbox"/> CHECK, <input type="checkbox"/> MONEY ORDER, <input type="checkbox"/> CASHIERS CHECK, OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$_____ filing fee or a nominating petition of _____ is pages received.					
(See Section 1.007)					
Voter Registration Status Verified <input type="checkbox"/>		Date Received _____		Date Accepted _____	
Signature of Chair or Designee _____					

INSTRUCTIONS

The application shall be filed with the state chair for all statewide offices and all district offices which are filled by the choice of voters in more than one county. The application shall be filed with the county chair for all county and precinct offices and all district offices which are filled by the choice of voters of a single county. For those offices filled by the choice of voters of a single county, the application may also be filed with the secretary of the county executive committee, if there is one. (Section 172.022, Texas Election Code) The candidate application must be accompanied by either a filing fee or a completed Petition in Lieu of a Filing Fee signed by a certain number of qualified voters. (Section 172.021, Texas Election Code) The filing deadline is 6:00 p.m. on the second Monday in December of odd-numbered years. (Section 172.023, Texas Election Code).

NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. The nepotism prohibitions of Chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to himself, or to any other member of the governing body or court on which he serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree: one year, if the officer or member is elected at the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

Examples of relatives within the third degree of consanguinity are as follows:

- (1) First degree: parent, child;
- (2) Second degree: brother, sister, grandparent, grandchild;
- (3) Third degree: great-grandparent, great-grandchild, uncle, aunt, nephew, niece.

These include relatives by blood, half-blood, and legal adoption. Examples of relatives within the second degree of affinity are as follows:

- (1) First degree: spouse, spouse's parent, son-in-law, daughter-in-law;
- (2) Second degree: brother's spouse, sister's spouse, spouse's brother, spouse's sister, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all inclusive.

FOOTNOTES

¹ An application for a place on the ballot, including any accompanying petition, is public information immediately on its filing. (Section 141.035, Texas Election Code)

² Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline.

³ All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, and the Secretary of State of Texas. See Chapter 602 of the Texas Government Code for the complete list.

FILING FEE SCHEDULE

United States Senator	\$5,000
All Other Statewide Offices	\$3,750
United States Representative	\$3,125
State Senator	\$1,250
State Representative	\$750
Member, State Board of Education	\$300
Chief Justice or Justice, Court of Appeals	\$1,875
Chief Justice or Justice of a Court of Appeals that serves a Court of Appeals District in which a county with a population of more than one million is wholly or partly situated	\$2,500
District Judge or Judge specified by Sec. 52.092(d) for which this schedule does not otherwise prescribe a fee	\$1,500
District or Criminal District Judge of a court in a judicial district wholly contained in a county with a population of more than 1.5 million	\$2,500
Judge of a Statutory Court (except as provided below)	\$1,500
Judge of a Statutory County Court in a county with a population of more than 1.5 million	\$2,500
District Attorney or Criminal District Attorney or County Attorney performing the duties of a District Attorney	\$1,250
County Judge, County Commissioner, District Clerk, County Clerk, Sheriff, County Tax-Assessor-Collector and County Treasurer	
County of 200,000 more population	\$1,250
County of under 200,000 population	\$750
Justice of the Peace or Constable	
County of 200,000 more population	\$1,000
County of under 200,000 population	\$375
County Surveyor, Public Weigher or Inspector of Hides and Animals	\$75
All County Offices not otherwise listed	\$750

Todos los campos DEBEN ser completados a MENOS QUE ESTÉN MARCADOS COMO OPCIONALES. ¹ El no proporcionar la información requerida puede resultar en el rechazo de la solicitud.

SOLICITUD PARA UN LUGAR EN LA BOLETA DE LA ELECCIÓN PRIMARIA GENERAL DEL PARTIDO _____					
A: Presidente Estatal del Partido/Presidente del Condado			(Democrático o Republicano)		
Solicito que mi nombre se coloque en la boleta oficial de la primaria mencionada anteriormente como candidato(a) para la nominación para el cargo que se indica a continuación.					
CARGO OFICIAL SOLICITADO (Incluya cualquier número de cargo u otro número distintivo, si el cargo lo tiene.)				INDIQUE TÉRMINO <input type="checkbox"/> TÉRMINO COMPLETO <input type="checkbox"/> TÉRMINO INCOMPLETO	
NOMBRE COMPLETO (Primer Nombre, Segundo Nombre, Apellido)			ESCRIBA SU NOMBRE COMO DESEA QUE APAREZCA EN LA BOLETA*		
DIRECCIÓN RESIDENCIAL PERMANENTE (No incluya una casilla postal o una ruta rural. Si usted no tiene una dirección residencial, describa la ubicación de su residencia.)			DIRECCIÓN POSTAL PÚBLICA (Dirección a la que recibirá correspondencia relacionada a su campaña, si está disponible.)		
CIUDAD	ESTADO	CÓDIGO POSTAL	CIUDAD	ESTADO	CÓDIGO POSTAL
CORREO ELECTRÓNICO PÚBLICO (Si está disponible)	OCUPACIÓN (No deje este espacio en blanco)		FECHA DE NACIMIENTO / /	VUID – NÚMERO ÚNICO DE IDENTIFICACIÓN DE VOTANTE ² (Opcional)	
INFORMACIÓN DE CONTACTO (Opcional) Tel. de Domicilio: Tel. de Oficina: Tel. Celular:			DURACIÓN DE RESIDENCIA CONTINUA A PARTIR DE LA FECHA QUE USTED HAGA EL JURAMENTO DE ESTA SOLICITUD		
			EN EL ESTADO ____ año(s) ____ mes(es)		EN EL TERRITORIO/DISTRITO/PRECINTO POR EL CUAL SERIA ELECTO/A ____ año(s) ____ mes(es)
*Si usted incluye un apodo como parte de su nombre en la boleta, usted también firma y jura lo siguiente: Yo también juro que mi apodo no constituye un lema o contiene un título, ni tampoco es una indicación de mis creencias o afiliaciones políticas, económicas, sociales o religiosas. He sido conocido comúnmente por este apodo por lo menos tres años antes de esta elección.					
Ante mí, la autoridad suscrita, apareció en persona este día (nombre del candidato) _____, quien habiendo aquí y ahora prestado juramento debido, bajo juramento dice:					
“Yo, (nombre del candidato) _____, del condado de _____, Texas, siendo candidato para el cargo oficial de _____, solemnemente juro que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitución y las leyes de este Estado. No he sido finalmente condenado por una felonía por la cual no he sido perdonado o por la cual no se me han restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. No se me ha determinado por un juicio final de una jurisdicción testamentaria tribunal que juzga, ser totalmente incapacitado mentalmente o parcialmente incapacitado sin el derecho de votar. Yo tengo conocimiento de la ley sobre el nepotismo según el Capítulo 573 del Código de Gobierno.					
Además juro que las anteriores declaraciones que incluyo en mi solicitud son verdaderas y son correctas en todo sentido.”					
X _____ FIRMA DEL CANDIDATO					
Jurado y suscrito ante mí en _____, este día ____ de _____, por _____.					
			Mes	Año	Nombre del Candidato
SELLO					
Firma del oficial administrando el juramento ³			Título del oficial administrando el juramento		
TO BE COMPLETED BY CHAIR OR DESIGNEE: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE PAID BY: <input type="checkbox"/> CASH, <input type="checkbox"/> CHECK, <input type="checkbox"/> MONEY ORDER, <input type="checkbox"/> CASHIERS CHECK, OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$_____ filing fee or a nominating petition of _____ is pages received.					
(See Section 1.007)					
Voter Registration Status Verified <input type="checkbox"/>		Date Received	Date Accepted	Signature of Chair or Designee	

INSTRUCCIONES

La solicitud deberá presentarse ante el presidente estatal del partido para todas las oficinas estatales y todas las oficinas del distrito que se llenan por la selección de votantes en más de un condado. La solicitud deberá presentarse ante el presidente del condado para todas las oficinas del condado y del precinto y todas las oficinas del distrito que se llenan por la selección de votantes de un solo condado. Para aquellas oficinas llenas por la elección de los votantes de un solo condado, la solicitud también podrá presentarse al secretario del comité ejecutivo del condado, si hay uno. (Sección 172.022, Código Electoral de Texas) La solicitud del candidato debe ir acompañada de una cuota de presentación o una Petición Presentada en Sustitución del Pago de Derechos de Inscripción firmada por un cierto número de votantes calificados. (Sección 172.021, Código Electoral de Texas) La fecha límite de presentación es las 6:00 p.m. el segundo lunes de diciembre de años impares. (Sección 172.023, Código Electoral de Texas).

LEY SOBRE EL NEPOTISMO

El candidato deberá firmar esta declaración indicando que él/ella está enterado(a) de la ley sobre el nepotismo. Lo siguiente es un resumen de las prohibiciones del nepotismo de acuerdo al capítulo 573 de Código Gobierno:

Ningún oficial podrá nombrar, o votar por o confirmar el nombramiento o empleo de alguna persona que está emparentada con él dentro del segundo grado por afinidad (matrimonio) o dentro del tercer grado por consanguinidad (sangre), o que está emparentada con cualesquier otro miembro del cuerpo directivo o corte en que él/ella celebra sesión cuando la compensación de esa persona estará pagada con fondos públicos o los honorarios del puesto oficial. Sin embargo, la ley no prohíbe el nombramiento, el votar por, o la confirmación de alguna persona que continuadamente ha sido empleado de la oficina o ha sido empleado durante el siguiente plazo antes de la elección o el nombramiento del oficial o miembro que está emparentado con el empleado en el grado prohibido: un año, si el oficial o miembro está elegido en la elección general para oficiales del estado y del condado.

Ningún candidato podrá obrar para influir a un empleado del puesto oficial al cual el candidato desea estar elegido o un empleado o oficial del cuerpo fiscal al cual el candidato desea estar elegido en cuanto al nombramiento o al empleo de una persona que está emparentada con el candidato en un grado prohibido como notado arriba. Esta restricción no se dirige a las acciones de un candidato respecto a una clase o categoría de buena fe de empleados o empleados anticipados.

Los ejemplos de parientes dentro del tercer grado de consanguinidad son los siguientes:

- (1) Primer grado: padre, madre, hijo(a);
- (2) Segundo grado: hermano(a), abuelo(a), nieto(a);
- (3) Tercer grado: bisabuelo(a), bisnieto(a), tío(a), sobrino(a).

Los siguientes incluyen parientes de linaje (sangre), medios hermanos, y adopción legal.

Los ejemplos de parientes dentro del segundo grado de afinidad son los siguientes:

- (1) Primer grado: esposo(a), suegro(a), yerno(a);
- (2) Segundo grado: cuñado(a), abuelo(a) del esposo o esposa.

Las personas que están emparentadas por afinidad (matrimonio) incluyen los esposos o esposas de parientes que están emparentados por consanguinidad, y, si casados, el esposo o esposa y los parientes del esposo o esposa por consanguinidad. No todos estos ejemplos son inclusivos.

ANOTACIONES

¹Una solicitud para un lugar en la boleta electoral, incluyendo cualquier petición adjunta, es información pública inmediatamente después de su presentación. (Sección 141.035, Código Electoral de Texas)

²La inclusión del número único de identificación de votante (VUID, por sus siglas en Inglés) es opcional. Sin embargo, para muchos candidatos, es un requisito estar registrados como votantes en el territorio por el cual serían electo/a a partir de la fecha límite de la solicitud.

³Todos los juramentos, declaraciones juradas o afirmaciones hechas dentro de este Estado pueden ser administrados y un certificado del hecho dado por un juez, secretario o comisionado de un tribunal de registro, un notario público, un juez de paz y el Secretario de Estado de Texas. Consulte el Capítulo 602 del Código del Gobierno de Texas para obtener la lista completa.

LISTA DE CUOTAS DE REGISTRO

Senador de los Estados Unidos	\$5,000
Todos los otros puestos oficiales representando todo el Estado	\$3,750
Representante de los Estados Unidos	\$3,125
Senador del Estado	\$1,250
Representante del Estado	\$750
Miembro, Junta de Educación Estatal	\$300
Juez Presidente o Juez, Corte de Apelación (excepto como provisto abajo))	\$1,875
Juez presidente o juez de una corte de apelación que sirve una corte de apelación del distrito en el cual un condado con una población de más de un millón está situado total o parcialmente	\$2,500
Juez de Distrito o Juez mencionado específicamente por la Sec. 52.092(d) por el cual esta lista no prescribe de otro modo una gratificación	\$1,500
Juez de Distrito o Juez de Distrito Criminal de una corte en un distrito judicial situado completamente en un condado con una población de más de 1.5 millones	\$2,500
Juez de una Corte de Condado Estatutaria (excepto como provisto abajo)	\$1,500
Juez de una corte de condado estatutario en un condado con una población de más de 1.5 millones	\$2,500
Fiscal de Distrito o Fiscal de Distrito Criminal o Procurador del Condado que cumple con las mismas obligaciones de un fiscal del distrito	\$1,250
Juez de Condado, Comisionado del Condado, Secretario del Distrito, Secretario del Condado, Sherife, Asesor-Colector de Impuestos del Condado o Tesorero del Condado	
Un condado con una población de 200,000 habitantes o más	\$1,250
Un condado con una población de menos de 200,000 habitantes	\$750
Juez de Paz o Agente de la policía	
Un condado con una población de 200,000 habitantes o más	\$1,000
Un condado con una población de menos de 200,000 habitantes	\$375
Agrimensor del Condado, Pesador Público o Inspector de Pieles y Animales	\$75
Todos los puestos oficiales del condado que no se han mencionado	\$750

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR FIRST MI

OFFICE USE ONLY

Filer ID #

NICKNAME LAST SUFFIX

Date Received

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Date Hand-delivered or Postmarked

4 CANDIDATE
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

Receipt #

Amount \$

Date Processed

5 OFFICE
HELD
(if any)

Date Imaged

6 OFFICE
SOUGHT
(if known)

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX

8 CAMPAIGN
TREASURER
STREET
ADDRESS

(residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE

9 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

Date Signed

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

12 MODIFIED
REPORTING
DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$930 in political contributions or make more than \$930 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC**

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

LOANS

SCHEDULE E

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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 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; 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 (\$)	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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)

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 UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

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/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	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 instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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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		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
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 NAME

2 Filer ID (Ethics Commission Filers)

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

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* 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 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

5 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