

601 South 1st Street Lamesa, Texas 79331 Tel. 806-872-2124 Fax 806-872-4341

TO ALL MUNICIPAL ELECTION CANDIDATES:

The City of Lamesa's General Election is scheduled for Saturday, May 4, 2024, to elect the following:

District 1 - 3 Year Term

District 4 - 3 Year Term

District 5 - 3 Year Term

for **three (3) year terms** expiring in 2027.

The attached material contains the following information and forms pertinent to the 2024 City of Lamesa General Election. Please note that the packet is not all-inclusive. It is the responsibility of the candidate to become familiar with the laws applicable to the campaigning for office.

ENCLOSURES:

Application for a Place on the Ballot- this application must show the position sought and must be signed under oath before a Notary. **\*Please note under new law, the application must be filled out completely.**

Appointment of Campaign Treasurer (Form CTA)- filed with City Secretary at the time the Application for a Place on the Ballot is filed.

Code of Fair Campaign Practices (Form CFCP), recommended- file with City Secretary.

Candidate/ Officeholder Campaign Finance Report (Form C/OH).

The City Secretary's office serves as your filing authority. Any question on reporting procedures, contributions or expenditures should be addressed to the Texas Ethics Commission at 800-325-8506, or online at [www.ethics.state.tx.u](http://www.ethics.state.tx.u)s You may direct questions about election laws to the Secretary of State at 800-252-8683, or go online at [www.sos.state.tx.us](http://www.sos.state.tx.us/) .

If you have any concerns or if l may be of assistance, do not hesitate to contact me at 806-872-4322 or come by my office. Good luck!

Betty Conde

City Secretary

*1*

II. IMPORTANT DATES FOR CANDIDATES

January 17th February 16th February 23th April 4th

April 4th

April22nd

April 30thMay 4th

July 15th

First day candidates may file **Applications for a Place on the Ballot.** (This also includes write-in candidate.)

**5:00 P.M.** Last day for candidates to file **Applications for a Place on the Ballot.**

**Drawing for order of names on the ballot 10:00 A.M.**

in the City Secretary's Office.

Last day for submitting voter registration application to voter registrar in time to vote at the election or for requesting transfer of registration in time to vote in new precinct not in the same county and territory.

Due day for filing **First Statement of Campaign Contributions and Expenses.**

**First Day of Early Voting 8:00 a.m. to 5:00 p.m. (City Hall)**

Last day for **Early Voting** by personal appearance.

**Election Day (7:00 a.m. to 7:00 p.m.)**

Last day to file Semi-Annual Statement of Campaign Contributions and Expenses (Required of all candidates)

**ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL**

2-21

Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code

1/2017

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR A PLACE ON THE GENERAL ELECTION BALLOT**  TO: City Secretary/Secretary of Board  I request that my name be placed on the above-named official ballot as a candidate for the office indicated below. | | | | | | | | | | |
| **OFFICE SOUGHT** (Include any place number or other distinguishing number, if any.) | | | | | | | | **INDICATE TERM**  D FULL  D u NEXPIR ED | | |
| **FULL NAME** (First, Middle, Last) | | | | | **PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT1** | | | | | |
| **PERMANENT RESIDENCE ADDRESS** (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) | | | | | **PUBLIC MAILING ADDRESS** (Campaign mailing address, if available.) | | | | | |
| **CITY** | **STATE** | | **ZIP** | | **CITY** | | | | **STATE** | **ZIP** |
| **PUBLIC EMAIL ADDRESS** (If available) | | **OCCUPATION** (Do not leave blank) | | | | **DATE OF BIRTH**  *I I* | | | **VOTER REGISTRATION VUID**  **NUMBER** (Optional)2 | |
| **TELEPHONE CONTACT INFORMATION** (Optional)  Home:  Work: Cell: | | | | **LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN** | | | | | | |
| **IN STATE**  year(s) month(s) | | | **IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED3**  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 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) who being by me here and now duly sworn, upon oath says:  **"I,** (name) 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 at 1 this the day of  **SEAL**    Signature of Officer Administering Oath 4 Title of Officer Administering Oath | | | | | | | | | | |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  (See Section 1.007)  Date Received  **Voter Registration Status Verified** D | | | | | |  | | | | |
| Signature of Secretary | | | | |

2-21

Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code

10/2016

#### INSTRUCTIONS

An application to have the name of a candidate placed on the ballot for any general election may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields **must** be completed unless specifically marked optional.

The general election filing deadline is 5:00 p.m. 78 days prior to election day for any uniform election date.

If you have questions about the application, please contact the Secretary of State's Elections Division at 800-252-8683 .

**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: six months, 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 For rules concerning the form of a candidate's name or nickname on the ballot, see Subchapter B, Chapter 52 of the Texas Election Code.

21nclusion 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. Please visit the Elections Division of the Secretary of State's website for additional information. [htt p:// www. sos.state.tx .us/ elect ions/ laws/h b484-faq.shtml](http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml)

3This refers to the length of residence inside the district or territory from which the office is elected. For example, length of

residence in a school district, for a school trustee office elected at large. This field **MUST BE COMPLETED.**

4 AII 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, city secretary (for a city office), and the Secretary of State of Texas.

2-21

Prescrito par el Secretario de Estado Seccion 141.031, Capftulos 143 y 144, Codigo Electoral de Texas

1/2017

**DEBE PROPORCIONARSE LA INFORMACl6N REQUERIDA A MENOS QUE SE INDIQUE QUE ES OPCIONAL**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOLICITUD PARA FIGURAR EN LA BOLETA DE ELECCl6N GENERAL**  A: Secretario(a) de la Ciudad/ Secretario del Consejo  Solicito que mi nombre figure en la boleta oficial indicada mas arriba como candidate/a al cargo a continuacion. | | | | | | | | | | | |
| **PUESTO OFICIAL SOLICITADO** (lncluya cualquier numero de cargo u otro numero distintivo, si el cargo lo tiene .) | | | | | | | | | **INDIQUE TERMINO**  D TERMINO COMPLETO  D TERMINO INCOMPLETO | | |
| **NOMBRE COMPLETO** (Primer nombre, segundo nombre, apellido) | | | | | **ESCRIBA SU NOMBRE COMO DESEA QUE FIGURE EN LA B0 LETA1** | | | | | | |
| **DIRECCl6N RESIDENCIAL PERMANENTE** (No incluya una casilla postal o una ruta rural. Si usted no tiene una direccion residencial, describa el lugar en que recibe correspondencia personal y la ubicacion de su residen cia.) | | | | | **DIRECCl6N POSTAL PUBLICA** (Direcci6n en la que recibira correspondencia relacionada a su campaiia, si es disponible.) | | | | | | |
| **CIUDAD** | **ESTADO** | | **C6DIGO POSTAL** | | **CIUDAD** | | **ESTADO** | | | | **CODIGO POSTAL** |
| **CORREO ELECTR6NICO PUBLICO** (Si esta  disponible.) | | **EMPLEO** (No deje este espacio en blanco.) | | | | **FECHA DE NACIMIENTO**  *I I* | | | | **VUID - NUMERO UNICODE IDENTIFICACION DE**  **VOTANTE** (Opcional) 2 | |
| **INFORMACl6N DE CONTACTO** (Opcional) | | | | **DURACl6N DE RESIDENCIA CONTINUA AL MOMENTO DE JURAMENTAR ESTA** | | | | | | | |
| Tel. residen cial: | | | | **SOLICITUD** | | | | | | | |
|  | | | | **EN EL ESTADO** | | | | **EN EL TERRITORIO POR EL** | | | |
| Tel. laboral : | | | |  | | | | **CUAL SERIA ELECTO/ A3** | | | |
| Tel. celular: | | | |  | aiio(s) mes(es) |  |  |  |  | | aiio(s) mes(es) |
| En caso de usar un apodo coma parte de su nombre en la boleta, usted tambien firma y jura lo siguiente: Asimismo, juro que mi apodo no constituye un lema politico ni tampoco es una indicacion de mis creencias o afiliaciones politicas, economicas, sociales o religiosas. Se me ha con ocido por este apodo durante al menos tres aiios antes de esta eleccion. | | | | | | | | | | | |
| Ante mf, la autoridad suscrita, compareci6 (nomb re) quien frente a mi y bajo juramento debido, declara:  "Yo, (no mbre) del condado de Texas, siendo candidato para el cargo oficial de juro solemnemente que apoyare y defendere la Constitucion y las leyes de las Estados Unidos y del Estado de Texas. Soy ciudadano de las Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitucion y las leyes de este Est ado. Nose me ha condenado par un delito mayor por el cual no haya sido absuelto o par el cual nose me hayan restituido enteramente mis derechos de ciudadania por medio de otra accion oficial. No existe un fallo final de un tribunal testamentario que me declare total o parcialmente incapacitado mentalmente sin derecho a votar. Yo tengo conocimiento de la ley sobre el nepotismo segun el Capftulo 573 del Codigo de Gobierno.  Ademas , juro que las declaraciones anteriores que incluyo en mi solicitud son verdaderas y correctas" .  **X**  FIRMA DEL CANDIDATO | | | | | | | | | | | |
| Jurado y suscrito ante mi en este dia --- de  Firma del oficial que administra el juramento 4 Titulo del oficial que administra el juramento | | | | | | | | |  | | **SELLO** |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD : | | | | | |  | | | | | |
| (See Section 1.007) | | | | | |
| Date Received | | | | | | Signature of Secretary | | | | | |
| **Voter Registration Status Verified** D | | | | | |

2-21

Prescrito par el Secretario de Esta do Secci6n 141.031, Capitulos 143 y 144, C6digo Electoral de Texas

10/2016

**INSTRUCCIONES**

La solicitud para que el nombre de un candidato figure en la boleta para cualquier elecci6n general no debera registrarse antes de los treinta (30) dfas previos a la fecha lfmite para registrar la solicitud, segun lo prescribe este c6digo. Cualquier solicitud registrada antes de esa fecha se declarara invalida. Todos los campos **deben ser completados** a menos que se indique especfficamente marcados como opcional.

El ultimo dfa para registrarse es a las 5 de la tarde setenta y ocho (78) dfas antes del dfa de la elecci6n en el caso de elecciones uniformes.

Si tiene alguna pregunta sobre la solicitud, por favor p6ngase en contacto con la division de elecciones del Secretario de Estado al 800- 252-8683.

**LEV SOBRE EL NEPOTISMO**

El candidato debera firmar esta declaraci6n para indicar que tiene conocimiento sobre la ley sobre el nepotismo. A continuaci6n figuran las prohibiciones del nepotismo segun el capftulo 573 de C6digo Gobierno:

Ningun funcionario podra nombrar, votar por o confirmar el nombramiento o empleo de ninguno de sus parientes en segundo grado por afinidad (matrimonio) o en tercer grado por consanguinidad (sangre), o de los parientes de cualquier otro integrante del cuerpo directivo o tribunal en que el funcionario celebre sesi6n cuando la compensaci6n para esa persona se pagare con fondos publicos u honorarios de su puesto oficial. Sin embargo, la ley no prohfbe el nombramiento, el votar por o la confirmaci6n de ninguna persona que haya trabajado en la oficina de manera continua o el empleo para el siguiente perfodo antes de la elecci6n o el nombramiento del funcionario o miembro emparentado con el empleado en el grado prohibido: seis meses, si el funcionario o miembro se elige en una elecci6n general de funcionarios de estado y condado.

Ningun candidato podra influir sobre un empleado relacionado al puesto oficial al cual el candidato aspira o un empleado o funcionario del cuerpo fiscal al cual el candidato aspira respecto del nombramiento o el empleo de un pariente del candidato en un grado prohibido segun se indica arriba. Esta restricci6n no se dirige a las acciones de un candidato respecto de una clase o categorfa de empleados o posibles empleados de buena fe.

Los ejemplos de parentesco en tercer grado por 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), tfo(a), sobrino(a).

Los siguientes incluyen parentescos de consanguinidad, medios hermanos y adopci6n legal. Los ejemplos de parentescos en segundo grado por afinidad son los siguientes:

1. Primer grado: c6nyuge, suegro(a), yerno, nuera;
2. Segundo grado: cunado(a), abuelo(a) del c6nyuge.

Las personas que estan emparentadas por afinidad (matrimonio) incluyen los c6nyuges de parientes emparentados por consanguinidad, y, si casados, el c6nyuge y los parientes del c6nyuge por consanguinidad. No todos estos ejemplos son inclusivos.

**NOTAS**

1Para reglas sobre la forma del nombre de un candidato o apodo en la boleta electoral, vea el subcapftulo B, Capftulo 52 del C6digo Electoral de Texas.

2

La inclusion del numero unico de identificaci6n de votante (VUID, por sus siglas en Ingles) es opcional. Sin embargo, para muchos candidatos, es un requisite estar registrados como votantes en el territorio por el cual serfan electos a partir de la fecha lfmite de la solicitud. Puede encontrar informaci6n adicional sobre el requisito de registro de votante en nuestra pagina: http:/ / www \_sos.state.tx.us/e lect ions/ 1aws/ hb484 -fag.shtml

3Est o se refiere a la duraci6n de la residencia dentro del distrito o territorio de que se elige la oficina. Por ejemplo, la duraci6n de residencia en un distrito escolar, para una oficina del consejero escolar elegida en general. Este campo **DEBE SER COMPLETADO.**

4 Los juramentos, las declaraciones juradas o las afirmaciones que se efectuen dentro de este Estado podran ser administradas por un juez, escribano o comisionado de alguna corte de registro, por un notario publico, un juez de paz, un secretario de la ciudad o el Secretario de Estado de Texas, quienes cuentan con la capacidad de proporcionar un certificado del hecho.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPOINTMENT OF A CAMPAIGN TREASURER BYA CANDIDATE** | | | | | | | | | | | | FORM CTA  **PG 1** |
| See CTA Instruction Guide for detailed instructions. | | | | | | | | | | | | 1 Total pages filed: |
| **2** | CANDIDATE NAME | MS/MRS/MR FIRST  . . . . . ..... . . o  NICKNAME LAST |  | • | o | • | • | I | ..... • | Ml  • • I  SUFFIX | o | OFFICE USE **ONLY** |
| Filer ID# |
| 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# IAmount$ |
| Dale Processed |
| **5** | OFFICE HELD  (if any) |  | | | | | | | | | |
| Date Imaged |
| **6** | OFFICE SOUGHT  (if known) |  | | | | | | | | | | |
| **7** | **CAMPAIGN** TREASURER **NAME** | MS/MRS/MR FIRST |  | Ml | | | | | NICKNAME |  | | LAST SUFFIX |
| **8** CAMPAIGN TREASURER STREET ADDRESS  (residence or business) | | STREET ADDRESS (NO PO BOX PLEASE); |  | 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 |
| **GOTO PAGE2** | | | | | | | | | | | | |

|  |  |
| --- | --- |
| CANDIDATE MODIFIED FORM CTA  REPORTING DECLARATION 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 $900 in political contributions or make more than $900 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 Signature of Candidate  which declaration applies |
| **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](mailto: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](http://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php) | |

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

**CODE OF FAIR CAMPAIGN FORM CFCP**

**PRACTICES COVER SHEET**

**OFFICE USE ONLY**

# Pursuant to chapter 258 of the Election Code, every candidate and Date Received

political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1,

1997, may subscribe to the code at any time. Date Hand-delivered or Postmarked

*Subscription to the Code of Fair Campaign Practices is voluntary.*

Date Processed

Date Imaged

**1 ACCOUNT NUMBER 2** TYPE OF FILER

(Ethics Commission Filers)

**CANDIDATE** D **POLITICAL COMMITTEE** D

*If filing as* a *candidate, complete boxes 3* - *6, If filing for* a *political committee, complete then read and sign page 2. boxes 7 and 8, then read and sign page 2.*

1. **NAME** OF CANDIDATE TITLE (Dr., Mr., Ms., etc.) FIRST Ml

(PLEASE TYPE OR PRINT)

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .....

NICKNAME LAST SUFFIX (SR., JR., Ill, elc.)

1. TELEPHONE **NUMBER** AREA CODE PHONE NUMBER EXTENSION

OF **CANDIDATE**

( )

(PLEASE TYPE OR PRINT)

1. **ADDRESS** OF **CANDIDATE** STREET I PO BOX; APT I SUITE#; CITY; STATE; ZIP CODE (PLEASE TYPE OR PRINT)
2. OFFICE SOUGHT

**BY CANDIDATE**

(PLEASE TYPE OR PRINT)

1. **NAME OF COMMITTEE**

(PLEASE TYPE OR PRINT)

1. **NAME OF CAMPAIGN** TITLE (Dr., Mr., Ms., etc.) FIRST Ml

**TREASURER**

(PLEASE TYPE OR PRINT) . . . . . . .. . . . ' .. . . . . . . . . . . . . . . . . . . . . . . . . . . .. . .....

NICKNAME LAST SUFFIX (SR., JR,, Ill, elc.)

## GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

**CODE OF FAIR CAMPAIGN PRACTICES**

### There are basic principles ofdecency, honesty, and fair play that every candidate and political committee in this state has amoral obligation toobserve and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutionalrights toa free and untrammeled choice and the willofthe people may be fully and clearly expressed on the issues.

THEREFORE:

1. I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
2. I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
3. I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
4. Iwill not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
5. I will not undertake or condone any dishonest or unethical practice that tends to corrupt orundermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
6. I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
7. I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, andsolemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature Date

**CANDIDATE** *I* **OFFICEHOLDER FORM C/OH**

**CAMPAIGN FINANCE REPORT COVER SHEET PG 1**

**The C/OH Instruction Guide explains how to complete this form.**

Filer ID (Ethics Commission Filers) **2** Total pages filed:

1

I

1. CANDIDATE/ MS/ MRS/ MR FIRST Ml

OFFICEHOLDER

**NAME** ................... ... .... ...... ..... ..... ... ....... .... ········ ·················

NICKNAME LAST SUFFIX

1. **CANDIDATE/** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**OFFICEHOLDER MAILING ADDRESS**

D Change of Address

**OFFICE USE ONLY**

Date Received

1. **CANDIDATE/**

AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked

**OFFICEHOLDER PHONE**

( )

1. **CAMPAIGN** MS/ MRS/ MR FIRST Ml

**TREASURER**

**NAME** .................. . . · · ············ ·· . . .. .. .. . . .. . . . . . .. . . . , , .....................

NICKNAME LAST SUFFIX

Receipt # IAmount $ Date Processed

Date Imaged

1. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE , ZIP CODE

**TREASURER ADDRESS**

(Residence or Business)

1. **CAMPAIGN** AREA CODE PHONE NUMBER EXTENSION

**TREASURER**

**PHONE** ( )

1. **REPORT TYPE** January 15 30th day before election Runoff 15th day after campaign

D D D D

treasurer appointment (Officeholder Only)

D D D D

July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR)

Reporting Limit

1. PERIOD Month Day Year Month Day Year

COVERED

/ / THROUGH / /

1. ELECTION ELECTION DATE ELECTION TYPE Month Day Year D Primary D Runoff Other

D

Description

/ / D General D Special

1. OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)

**14 NOTICE FROM THIS BOX IS FOR NOTICE** OF **POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT**

THE **CANDIDATE** *I* OFFICEHOLDER. ***THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR***

**POLITICAL**

***CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.**

**COMMITTEE(S)**

D Additional Pages

COMMITTEE TYPE COMMITTEE NAME

DGENERAL COMMITTEE ADDRESS

OsPECIFIC COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

## GO TO PAGE 2

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| **CANDIDATE/ OFFICEHOLDER FORM C/OH**  **CAMPAIGN FINANCE REPORT 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** | | $ |
| * • **o o o • o ' o o o** • I • **0 0 < I '** |  | |
| **CONTRIBUTION** | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY $  OF REPORTING PERIOD | | |
| **BALANCE** |
| **0 0 0 I+ I 4 0 I O O o O** • • **0 0 o** |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE $  LAST DAY OF THE REPORTING PERIOD | | |
| **OUTSTANDING** |
| **LOAN TOTALS** |
| **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  **(2) Unsworn Declaration**  My nameis - - - - - - - - - - - - - - - - - - - - - - · 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) | | | |



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| **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. D SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | $ |
| 2. D SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | $ |
| 3. D SCHEDULE B: PLEDGED CONTRIBUTIONS | | $ |
| 4. D SCHEDULE E: LOANS | | $ |
| 5. D SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | $ |
| 6. D SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | $ |
| 7 . D SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | $ |
| **8.** D SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | $ |
| 9. D SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | $ |
| 10. D SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | $ |
| 11. D SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | $ |
| 12. D SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | $ |
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| **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** Dale | 1. Full name of contributor D out-of-state PAC (ID#: )   ··················································································   1. Contributor address; City; State; Zip Code | | **7** Amount of contribution ($) |
| **8** Principal occupation / Job title (See Instructions) | | **9** Employer (See Instructions) | |
| Date | Full name of contributor D out-of-state PAC (ID#: )  ,,, .................................... ................... .... ....................  Contributor address; City; State; Zip Code | | Amount of contribution ($) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor D out-of-state PAC (ID#: )  ... . . .. . . .. . . . ... . . .. . .. . .. ..... .. . .. . .. . ... ·······································  Contributor address; City; State; Zip Code | | Amount of contribution ($) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor D out-of-slate PAC (ID#: )  ······ ··· ·· ···· ··· ·· ··· ··· ················ · ·· ········ ···· ···· ··· · ··············· · · ·  Contributor address; City; State; Zip Code | | Amount of contribution ($) |
| 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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| **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 D out-of-state PAC (ID#: | ) | **8** Amount of **1 9** In-kind contribution Contribution $ I description  I I I  DCheck if travel I of Texas. Complete Schedule T.  outside |
| ....... .. ................... ............. .... .................. ... .... ......  **7** Contributor address; **City;** State; Zip Code | |
| **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 D out-of-state PAC (ID#: | I | Amount of I In-kind contribution Contribution $ I description  I I I  DCheck if travel I of Texas. Complete Schedule T.  outside |
| ........ ................ .. .... .... ......... ..... . ................... ..... ...  Contributor address; City; State; **Zip** Code | |
| 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.** | | | |

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| **PLEDGED 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 | 1. Full name of pledgor D out-of-slate PAC (ID#: )   ··· ···· · · · · · · · · · · · · · · · ·· · .. ···· ······ ······ ······· ··· ········· ·· · ··········   1. Pledgor address; City; State; Zip Code | **8** Amount I **9** In-kind contribution of Pledge$ I description  I I I I  D . I  Check if travel outside of Texas. Complete Schedule T. | | |
| **10** | Principal occupation/ Job title (See Instructions) 111 Employer (See Instructions) | | |  |  |
| Date | | Full name of pledgor D out-of-slate PAC (ID#: )  ...... .. ...... ............ ................... ..... .. ........... .. . . . . . . . .. .  Pledgor address; City; State; Zip Code | Amount I In-kind contribution of Pledge$ I description  I  I I I  DCheck if travel I of Texas. Complete Schedule T.  outside | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  I | | | | | |
| Date | | Full name of pledgor D oul-of-stale PAC (ID#: ) Amount of I In-kind contribution  Pledge$ I description  ...... . .... . ... ......... .......... ......... ............... ....... . . . . . . . . . . I  Pledgor address; City; State; Zip Code I I  I  DCheck if travel I of Texas. Complete Schedule T.  outside | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  I | | | | | |
| Date | | Full name of pledgor D out-of-slate PAC (ID#: )  ........... . . . . .. . . .. . .. . . . .. · •· ·· · · · ···· · · ·· · . . .. . . .. . ....... ... .... .... ..  Pledgor address; City; State; Zip Code | Amount of I In-kind contribution Pledge$ I description  I I I I  D Check if travel I of Texas. Complete Schedule T.  outside | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  I | | | | | |
|  | | | | | |
| **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**  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 | | 1. Name of lender D out-of-state PAC (ID#: )   .... ... ............. ..... ............. ..... ............. . . . . . .. .. . . . . . . . .. . . .. . . ..   1. Lender address; City; State; Zip Code | | | | **9** | Loan Amount($) |
| **6** Is lender a financial  Institution?  y **N** | | **10** Interest rate | |
| **11** Maturity date | |
| **12** Principal occupation / Job title (See Instructions) | | | **13** Employer (See Instructions) | | | | |
| **14** Description of Collateral  D none | | | **15** | D | Check if personal funds were deposited into political account (See Instructions) | | |
| **16** GUARANTOR INFORMATION  D not applicable | | 1. Name of guarantor   .. . ........ ............................ .... ................ .............. .........   1. Guarantor address; City; State; Zip Code | | | | **19** Amount Guaranteed ($) | |
| **20** Principal Occupation (See Instructions) | | | **21** Employer (See Instructions) | | | | |
| Date of loan | | Name oflender D out-of-state PAC (ID#: )  ....······· ··········· ·················· ·····. . ···· ···· ····· ·· ··· ············ ···· -  Lender address; City; State; Zip Code | | | | Loan Amount($) | |
| Is lender | | Interest rate | |
| a financial | |  | |
| Institution? | | Maturity date | |
| **y N** | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | | | |
| Description of Collateral  D none | | | D | | Check if personal funds were deposited into political account (See Instructions) | | |
| GUARANTOR INFORMATION  D not applicable | | Name of guarantor  ... ....... .. .. .. ... ... ... .. .... .. .. .. ...... ... . .. ·•········  Guarantor address; City; | | | · ·· ·· . . . . . . . . . . . . . . . . . . .  State; Zip Code | Amount Guaranteed ($) | |
| 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.** | | | | | | | |

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| **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 S(a)**  Advertising **Expense** Event Expense Loan RepayrnenVReimbursement 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 **13** Filer ID (Ethics Commission Filers) | |
| **4** Date | **5** Payee name | |
| **6** Amount ($) | **7** Payee address; City; State; Zip Code | |
| **8**  **PURPOSE OF**  **EXPENDITURE** | **(a)** Category (See Categories listed at the Lop of this schedule) | **(b)** Description |
| **(c)** D Check if travel outside of Texas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | |
| **9** Complete ONLY if direct Candidate/ Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE**  **OF**  **EXPENDITURE** | Category (See Categories listed at Lhe Lop of this schedule) | Description |
| D Check if travel outside ofTexas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate/ Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE**  **OF**  **EXPENDITURE** | Category (See Categories listed at the top of this schedule) | Description |
| D Check if travel outside ofTexas. Complete Schedule T. D Check if Austin, TX. officeholder living expense | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| **ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED** | | |

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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  Accounting/Banking Fees Office Overhead/Rental Expense  Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense  Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor  **The Instruction Guide explains how to complete this form.** | | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District  Travel Out Of District  Other (enter a category not listed above) |
| **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 | | | |
| **7** | Amount | ($) | **8** | | Payee address; City; State; Zip Code | | | |
| **9** | **TYPE OF EXPENDITURE** | | D Political 0 Non-Political | | | | | |
| **10** | | | **(a)** Category (See Categories listed at Lhe top of this schedule) | | | **(b)** Description | | |
| **PURPOSE** | | |  | | |  | | |
| **OF** | | |  | | |  | | |
| **EXPENDITURE** | | |  | | |  | | |
|  | | | **(c)** | | D Check if travel outside of Texas. Complete Schedule T. D Check if Austin. TX, officeholder living expense | | | |
| **11** Complete ONLY if direct expenditure to benefit C/OH | | | | Candidate / Officeholder name Office sought Office held | | | | |
| Date | | | Payee name | | | | | |
|  | Amount | ($) | Payee address; City: State: Zip Code | | | | | |
| **TYPE OF EXPENDITURE** | | | D Political D Non-Political | | | | | |
| **PURPOSE OF**  **EXPENDITURE** | | | Category (See Categories listed al the Lap of Lhis schedule) | | | | Description | |
| D Check if travel outside of Texas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | Candidate / Officeholder name Office sought Office held | | | | |
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| **ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED** | | | | | | | | |

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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 | 1. Name of person from whom investment is purchased 2. Address of person from whom investment is purchased; City; State; Zip Code | |
| **7** Description of investment | |
| **8** Amount of investment ($) | |
| Date | Name of person from whom investment is purchased  Address of person from whom investment is purchased; **City; State: Zip Code** | |
| Description of investment | |
| Amount of investment ($) | |
|  | | |
| **ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED** | | |

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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 RepaymenVReimbursement  Accounting/Banking Fees Office Overhead/Rental Expense  Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gifl/Awards/Memorials Expense Printing Expense  Candidate/Officeholder/Political Committee Legal Services SalariesNVages/Contract Labor  **The Instruction Guide explains how to complete this form.** | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District  Travel Out Of District  Other (enter a category not listed above) |
| **1** Total pages Schedule F4: | **2** FILER NAME | | **3** Filer ID (Ethics Commission Filers) |
| **4** TOTAL OF **UNITEMIZED EXPENDITURES CHARGED TOA** CREDIT **CARD** | | | $ |
| **5** Date | **6** Payee name | | |
| **7** Amount ($) | **8** Payee address; City; State; Zip Code | | |
| **9 TYPE OF EXPENDITURE** | D Political D Non-Political | | |
| **10** | **(a)** Category (See Categories listed al the top of this schedule) | **(b)** Description | |
| **PURPOSE** |  |  | |
| **OF** |  |  | |
| **EXPENDITURE** |  |  | |
|  | **(c)** D Check if travel outside of Texas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | | |
| **11** Candidate / Officeholder name Office sought Office held Complete ONLY if direct  expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| Amount ($) | Payee address; City; State; Zip Code | | |
| **TYPE OF EXPENDITURE** | D Political D Non-Political | | |
| **PURPOSE OF**  **EXPENDITURE** | Category (See Categories listed at lhe top of this schedule) | Description | |
| D Check if travel outside of Texas. Complete Schedule T. D 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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| **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)  l | |
| **4** Date | **5** Payee name | |
| **6** Amount ($)  **D** Reimbursement from political contributions  intended | **7** Payee address; City; State; Zip Code | |
| **8**  **PURPOSE OF**  **EXPENDITURE** | **(a)** Category (See Categories listed at the top of this schedule) | **(b)** Description |
| **(c)** D Check if travel outside ofTexas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | |
| **9** Candidate / Officeholder name Office sought Office held Complete ONLY if direct  expenditure to benefit C/OH | | |
| Date | Payee name | |
| Amount ($)  **D 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 |
| D Check if travel outside of Texas. Complete Schedule T. D 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 ($)  **D 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 |
| D Check if travel outside ofTexas. Complete Schedule T. D 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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| **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 RepaymenVReimbursement Solicitation/Fundraising Expense Accounting/Banking **Fees** Office Overhead/RentalExpense 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 13** Filer ID (Ethics Commission Filers) | |
| **4** Date | **5** Business name | |
| **6** Amount ($) | **7** Business address; City; State; Zip Code | |
| **8**  **PURPOSE OF**  **EXPENDITURE** | **(a)** Category (See Categories listed al the top of this schedule) | **(b)** Description |
| **(c)** D Check if travel outside of Texas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | |
| **9** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | |
|  | | |
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| **PURPOSE OF**  **EXPENDITURE** | Category (See Categories listed at the lop of this schedule) | Description |
| D Check if travel outside of Texas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| **PURPOSE OF**  **EXPENDITURE** | Category (See Categories listed at the top of this schedule) | Description |
| D Check if travel outside of Texas. Complete Schedule T. D Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| **ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED** | | |

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| **NON-POLITICAL EXPENDITURES**  **MADE FROM POLITICAL CONTRIBUTIONS**  If the requested information is not applicable, **DO NOT include this page in the report.** | | | | | **SCHEDULE** I | |
| **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** | | | | | | |

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| **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 | 1. Name of person from whom amount is received   ............ . .. .............. ........ ...... ... ..... .. ........ ..... ...... ...... ........ ....... ...   1. Address of person from whom amount is received; City; State; Zip Code | | **8** Amount($) |
| **7** Purpose for which amount is received D Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received  ............... . . .. . . . .. .. .. .. . .. .. . . . . .. . . . . . . . . . .. .. .. . ... . ... .. . . . . . .. . . .. . . . .. . . .. . . .. ... .. ..  Address of person from whom amount is received; City; State; Zip Code | | Amount($) |
| Purpose for which amount is received D 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($) |
| Purpose for which amount is received D Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received  ········································································ ............ ............  Address of person from whom amount is received; City; State; Zip Code | | Amount($) |
| Purpose for which amount is received D Check if political contribution returned to filer | | |
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| **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**  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:  0 Schedule **A2** D Schedule B D Schedule B(J) D Schedule C2 D Schedule D D Schedule F1  D Schedule F2 D Schedule F4 D Schedule G D Schedule H D Schedule COH-UC D 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:  D Schedule A2 D Schedule B D Schedule B(J) D Schedule C2 D Schedule D D Schedule F1  D Schedule F2 D Schedule F4 D Schedule G D Schedule H D Schedule COH-UC D 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/ Pledger/ Payee | | | |
| Contribution/ Expenditure reported on:  0 Schedule A2 D Schedule B D Schedule B(J) D Schedule C2 D Schedule D D Schedule F1  D Schedule F2 D Schedule F4 D Schedule G D Schedule H D Schedule COH-UC D 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) | |
| **ATIACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED** | | | |

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| **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.** ••   1. **CAMPAIGN FUNDS**   **Check only one:**  D I do not have unexpended contributions or unexpended interest or income earned from political contributions.  D 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:**  D I do not retain assets purchased with political contributions or interest or other income from political contributions.  D 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** ••  D 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 | | | |