CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** MRS YVONNE NAME Date Received NICKNAME LAST SUFFIX FLORES-CALE 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE STATE: **OFFICEHOLDER KYLE** TX 78640 MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Dete Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER **YVONNE** MRS Date Processed NAME NICKNAME LAST SUFFIX Date Imaged FLORES-CALE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY STATE; ZIP CODE 7 CAMPAIGN TREASURER **KYLE** TX 78640 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign Jenuary 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Year Month Year COVERED 7 15 15 24 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Other Day Year Description General Special. 23 OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 12 OFFICE MAYOR 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

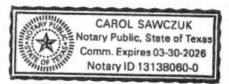
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME YVONNE FLORES-CA	ALE	. 10	Filer ID	(Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$)	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3	1	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$		0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$		0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$		0.00

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.

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Swom to and subscribed before me by	Yvanne Flores Cale #	is the 11th day of July
	my hand and seal of office.	Lbtay
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oal

				_
		_	_	

(2) Unsworn Declarat	ion					
My name is		, ar	nd my date of b	irth is		
My address is				_,	,	
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20	
		_	Signature of (Candidate/Of	ficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME VONNE FLORES-CALE	20 Filer ID (Ethics Con	mmission	Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			BTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	he Instruction Guide explains how	to occupion		
FILER NAI	ME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	ou:-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;		State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	ccupation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	ccupation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
rincipal oc	coupation / Job title (See Instructions)		Employer (See Instruction	ons)

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.

-			•		
Tf	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2		
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#		8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code	l l l l Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's Job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	n 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 🔲 out-of-state PAC (ID#)	Amount of In-kind contribution Contribution \$ description		
		Zip Code			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHED	ILE AS NEEDED		

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

1	The Instruction Guide explains how to co	omplete this form.	1 Total pages Sched	ule B:	
FILER NAI	ME	3 Filer ID (Ethics C	3 Filer ID (Ethics Commission Filers)		
TOTAL	OF UNITEMIZED PLEDGES	\$			
Date	6 Full name of pledgor	ale PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address; City;				
			Check if travel outs	ide of Texas. Complete Schedu	
Principal o	occupation / Job title (See Instructions)	11 Employer (S	See Instructions)		
Date	Full name of pledgor	ate PAC (ID#:) Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City;			 	
			Check if travel outs	ide of Texas. Complete Schedu	
Principal oc	ecupation / Job title (See Instructions)	Employer (S	See Instructions)		
Date	Full name of pledgor	ate PAC (ID#:	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City;	State; ZIp Code			
			Check if travel outs	ide of Texas, Complete Schedu	
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor	ate PAC (ID#:) Amount of Pledge S	In-kind contribution description	
	Pledgor address; City;	State; Zip Code		1 	
			Check if travel outs	ide of Texas. Complete Schedu	
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)		
A Harawan					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

SCHEDULE E LOANS

If the requested	information is not applicable, DO N	OT include this page in the re	eport.
The	nstruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	ITEMIZED LOANS		s
Date of loan	7 Name of lender ut-of-stat	e PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
_ Y L N			
2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Colla none	ateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-sta	le PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor	-	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Exp

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gft/Awards/Memortals Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payean	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Categoriee listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in. TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	-	date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State:	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this s	ichedule)	Description		
EXPENDITORE		Check if Iravel outside of Texas, Complete S	chedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payeen	ame			/- 10	
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this s	ichedule)	Description		
		Check if travel outside of Texas. Complete Si	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS !	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Ropaymont/Roimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F2: 2 FILERNAME 3 Filer ID (Ethics Commission Files TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Date 6 Payee name Amount (\$) 8 Payee address; City: State: Zip Code TYPE OF EXPENDITURE (a) Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Citeck (flaus-toughted schedule) (b) Description Candidate / Office hold Date Payee name Amount (\$) Payee address; City: State: Zip Code Candidate / Officeholder name Office sought Office held TYPE OF EXPENDITURE Candidate (City) (b) Description Office held Date Payee name Amount (\$) Payee address; City: State: Zip Code EXPENDITURE Date Candidate (City) (c) Citeck (flaus-toughted schedule) (c) City: State: Zip Code Complete Schedule (City) (c) City: State: Zip Code City (Ci	Total pages Schedule F2: 2 FILERNAME 3 Filer ID (Ethics Community of the C	
TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Date 6 Payee name Amount (5) 8 Payee address; City: State: Zip Code TYPE OF EXPENDITURE	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Date 6 Payee name Amount (\$) 8 Payee address; City: State;	
Amount (5) 8 Payee address; City: State: Zip Code TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check flanetoussice of lease. Complete Schedule Office sought Complete QNLY if direct Candidate / Office holder name Office sought Office held Payee name Amount (5) Payee address; City: State: Zip Code TYPE OF EXPENDITURE Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Date Payee name City: State: Zip Code Office held Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNLY if direct Candidate / Office fooder name Office sought Office held	Date 6 Payee name Amount (\$) 8 Payee address; City: State;	Zip Code
Amount (\$) 8 Payee address; City: State: Zip Code TYPE OF EXPENDITURE	Amount (\$) 8 Payee address; City: State;	Zip Code
TYPE OF EXPENDITURE Political	TYPE OF	Zip Code
POLITICAL Political Non-Political Non-Political Non-Political (a) Catagory (See Catagories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Amount (\$) Payee address; City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Catagories listed at the top of this schedule) Description Description Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Office sought Office held	TIPE OF	
PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Amount (\$) Payee address; City: State: Zip Code TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Office held		
Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	PURPOSE OF	
Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living experi	inse
TYPE OF EXPENDITURE Political Political Non-Political Category (See Categories listed at the top of this schedule) Description Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date Payee name	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Amount (\$) Payee address; City; State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held	PURPOSE OF	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp	pense

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EX	PENDITURE CAT	EGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Oonations Ma Candidate/Officeholder/Po	Fees Food/Be ide By Gift/Awa	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin		payment/Reimbursement vorhoed/Rontal Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportetion Equipment & Related Expens Travel In District Travel Out of District Other (enter a category not listed above)	
The Instruction	on Guide explains how to	complete this form.		USE A NEW PAGE FOR		The state of the s
1 TOTAL PAGES SCHEDULE F4: 2 FILER NAME					3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO	A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial instit	ution				
6 PAYMENT (a) Amount Charged (b) Date Expenditure (ire Charged	(c) Date(s) Credit Card Issuer Paid			
7 PAYEE	(a) Payee name		(b) Payee ad	Idress;	City, State,	Zip Code
8 PURPOSE OF (a) Category (See Categories Ested at the top of this se EXPENDITURE Political		s listed at the top of this sched	dule)	(b) Description		
Non-Political	All and the second seco		Check if Austin, TX, afficeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Of	fice Sought	Office Held	i
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Is	suer Paid	
PAYEE	(a) Payee name		(b) Payee ac	Idress;	City, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categorie	s listed at the top of this scher	dule)	(b) Description		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Of	fice Sought	Office Held	1
PAYMENT	(a) Amount Charged	(b) Date Expenditu	are Charged	(c) Date(s) Credit Card is	suer Pald	
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categorie	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
Non-Political	(c) Check if travel of	outside of Texas. Complet	e Schedule T.	Check if Austin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Of	fice Sought	Office Held	1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

			EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Feas Cod/Beverege Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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 G:	2 FILER NA	AME			3 Filer ID (Ethics	Commission Filers)
4 (Date	5 Payee name					
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee ac	vee address; City; State; Zi		Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category	Y (See Categories listed at the top of this s	chedule)	(b) Description	(b) Description	
(c)		(c)	c) Check if travel outside of Texas. Complete Schedule T. Check If Austi		n. TX, officeholder living expense		
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	date / Officeholder name		Office sought Office held		
ı	Date	Payee na	me				
	Amount (\$) Reimbursement from	Payee ad	ldress;		City;	State;	Zip Code
	political contributions intended						
PURPOSE Cates OF EXPENDITURE		Categor	y (See Calegories listed at the top of this s	schedule)	Description		
			Check if travel outside of Texas. Complete Schedule T. Check		Check if Austi	n, TX, officeholder living e	xpense
	Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
I	Date	Payee na	me				
,	Amount (\$)	Payee ad	ldress;		C ty;	State;	ZIp Code
	Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE Category (See C		(See Categories listed at the top of this s	chedule)	Description			
Check # travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense			
	nplete <u>ONLY</u> if direct anditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held
		ATTA	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED	

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

usiness name usiness address; alegory (See Catagones listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name usiness name	City; (b) Description	State; X. officeholder living ex	Zip Code
usiness address; alegory (See Catagones listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	(b) Description Check if Austin, T	X. officeholder living ex	pense
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Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name usiness name	Check if Austin, T Office sought		
Candidate / Officeholder name usiness name	Office sought		
usiness name		(Office held
	City;		
usiness address;	City;		
		State;	Zip Code
ategory (See Categories listed at the top of this schedule)	Description		
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name	Office sought		Office held
usiness name		- 25.50	
usiness address,	City:	State;	Zip Code
ategory (See Categories listed at the top of this schedule)	Description		
Check if travel outside of Texas, Complete Schedule T,	Check if Austin, T	X, officeholder living ex	pense
Candidate / Officeholder name	Office sought	(Office held
-	Usiness name Usiness name Usiness address; ategory (See Categories listed at the top of this schedule) Check if travel pulside of Texas, Complete Schedule T. Candidate / Officeholder name	Candidate / Officeholder name Usiness name Usiness address; City; Stegory (See Categories listed at the top of this schedule) Check if travel outside of Texes, Complete Schedule T. Candidate / Officeholder name Office sought	Candidate / Officeholder name Usiness name Usiness address, City; State; State; State; Check if travel outside of Texes, Complete Schedule T. Check if Austin, TX, officeholder living ex

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILERNAME	3	Filer ID (Ethics Co	mmission Filers)
4 Date	5 Payee name	,		
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See Ins	structions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zıp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See increquired.)	structions regarding type of	.nformat.on
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instrument)	structions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See ins required.)	structions regarding type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE K

The Instruction Guide explain	ns how to complete this form.	1 Total pages Schee	dule K	
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date 5 Name of person from wi	hom amount is received	and the second s	8 Amount (\$)	
	whom amount is received; City;			
7 Purpose for which amou	unt is received Check	if political contribution	returned to filer	
Date Name of person from wh	hom amount is received		Amount (\$)	
Address of person from	whom amount is received; City;	State; Zip Code		
Purpose for which amou	unt is received Check	if political contribution	returned to filer	
Date Name of person from wi	hom amount is received	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (\$)	
Address of person from	whom amount is received; City;	State: Zip Code		
Purpose for which amou	unt is received Check	if political contribution	returned to filer	
Date Name of person from wh	hom amount is received		Amount (\$)	
Address of person from	whom amount is received; City,	State; Zip Code		
Purpose for which amou	unt is received Check	if political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.						
The instruction Guide explains how to complete this form.	1 Total pages Schedule T:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS					
5 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	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: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC 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	e, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC 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	e, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE 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. CAME	PAIGN FUNDS				
	Check only	one:				
	I do no	ot have unexpended contributions or unexpended interest or income earned fro	om 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 no	ot retain assets purchased with political contributions or interest or other income	e from political contributions.			
	I do retain assets purchased with political contributions or interest or other income 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.					
		S	ignature of Candidate			
5	OFFICEHOLI Omplete ti	DER his section only if you are an officeholder ••				
	file. I a an offic	ware that I remain subject to filing requirements applicable to an officeholder who does make a ware that I will be required to file reports of unexpended contributions if, seholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as			
		Sie	gnature of Officeholder			