STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruc	tion Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE NAME	MS MRS / MR GARST / MI	OFFICE USE ONLY
	NICKNAME SUFFIX	Date Received
4 CANDIDATE ADDRESS Change of Address	ADDRESS / PO ROX; APT / SUITE #; CITY; STATE; ZIP CODE STATE; ZIP CODE TX 79720	OCT 0 2 2020 BY: Any Powell
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (432) HOLL 5113	
6 CAMPAIGN TREASURER NAME	MS MRS / MR G FRST 1 SA	Date Hand-delivered or Date Postmarked Receipt # Amount \$
	NICKNAME VAST SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); JAPT / SUITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	803 N. Greyd Bly Spring 1X	19720
8 CAMPAIGN TREASURER PHONE	432) Hold 513	
9 REPORT TYPE	January 15 July 15 30th day before convention / election 8th day before convention / election	Runoff Final report (Attach SC C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH Wonth	Vear Vo
11 CONVENTION / ELECTION DATE	Month 3 20 CIUNN COMMISS.	STATE CHAIR COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable)	
	Kepublican	
	GO TO PAGE 2	

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

	\sim \downarrow \downarrow				
14 GANDIDATENAME	Salo	IVAY	15 Filter ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report this information only if they receive notice of such expenditures.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDGE	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY)	* Q		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	s) \$ Ø		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ Ø		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA REPORTING PERIOD	AST DAY \$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS AY OF THE REPORTING PERIOD	OF THE \$		
18 AFFIDAVIT	·				
		· · · · · · · · · · · · · · · · · · ·	of perjury, that the accompanying report is information required to be reported by me		
	DIANNA YANEZ Ay Notary ID # 128700	under Title (5, Election Code.	Caldres Kain		
	xpires December 15,	2023 (////////////////////////////////////	re of Candidate		
AFFIX NOTARY STAI	MP/SEALABOVE	2 in this I do	Da mel		
Sworn to and subscri	bed before me, $h \rho \Lambda$.		And a select office		
day of OOO	Total	to certify which, witness my han	A Adams Alice.		
Signature of officer adr	ministering path	Printed name of officer administering oath	Title of officer administering oa		
	1/				

S	SUB	TOTALS - SC C/OH	FOF COVER :		C/OH FPG 3
19.	CANE	DIDATE NAME MISA MONAY	20. Filer ID (Ethics Co	ommission	Filers)
21.		EDULE SUBTOTALS E OF SCHEDULE			BTOTAL MOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\mathbb{Q}
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS	11 To	\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	₹
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	D
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	$\langle \mathcal{D}_{c} \rangle$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\mathcal{O}
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	\mathscr{O}

	MONE	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
	The	Instruction Guille explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME	9 dailsa Saldi	Var	3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City; State	; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
		Contributor address; City; State	; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
-	Date	Full name of contributor	: 1)04:	Amount of contribution (\$)
		Contributor address; City, State	; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	/	Contributor address; City; State	; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
/				
		ATTACH ADDITIONAL COPIES O		

CONTRIBUTIONS	SCHEDULE A2
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A2:
² FILER NAME (M) 80	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONT	TRIBUTIONS \$
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 Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instruction	ns) 11 Employer (FOR NON-JUDIOIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job time (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 out-of-state PAC (ID#	Amount of . In-kind contribution Contribution \$ description
Contributor address; City; State; Zig	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructio	ns) Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOP 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 the contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS NEEDED ction guide for additional reporting requirements.

PLED	GED CONTRIBUTIONS		SCHEDULE B
Tr	ne instruction Guide explains how to complete this form.	1 Total pages Sche	dule B:
2 FILER NAM	MILLISA SALOWAY	3 Filer ID (Ethics	Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	Check if travel out	side of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions) 11 Employ	ver (See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· ·
Principal oc	cupation / Job title (See Instructions) Employ	Check if travel out	side of Texas. Complete Schedule T.
Date	Full name of pledgor) Amount of Pledge \$	in-kind contribution description
	Pledgor address; City; State; Zip Code		: : :
		l	side of Texas. Complete Schedule T.
Principal oc	cupation / Job title (See Instructions) Employ	yer (See Instructions)	
Date	Full name of pledgor) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		:
Africales (M			side of Texas. Complete Schedule T.
Principal oc	cupation / Job title (See Instructions) Employ	yer (See Instructions)	
/			4
ı	ATTACH ADDITIONAL COPIES OF THIS SC f contributor is out-of-state PAC, please see instruction gui		requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME	dailisa Sala	TIVAY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-stat	te PAC (ID#:)	9 Loan Amount (\$)
6 is lender a financial institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
Y N			Waturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were (See Instructions)	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-sta	tte PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	ateral	Check if personal funds were (See Instructions)	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
□ not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
MARKAN STORM TO STORM			
If	ATTACH ADDITIONAL Clender is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS NI instruction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/6 Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction te this form. Buide explains how 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: City; State; Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF neck if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State Zip Code Category (See Categories lister at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

		,	EXPEN	DITURE CATEG	ORIES FOR I	BOX 10(a)	
Ad Cd	dvertising Expense excunting/Banking ensulting Expense entributions/Denations Made B Candidate/Officeholder/Politica		Legal Services	e Expense emorials Expense	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/G	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 7	Total pages Schedule F2:	2 FILER		MIST	Suldi	MY	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITER	NIZED UN	NPAID INC	URRED OBLIC	GATIONS		\$
5 [Date	6 Payee	name				
7 /	Amount (\$)	8 Payee	address;	City; State;	Zip Code	Vivia to a	
9	TYPE OF Expenditure		Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Categ	Ory (See Categori	ies listed at the top of thi	s schedule}		travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Office	eholder name	Office	sought	Office held
	Date	Payee	name				
,	Amount (\$)	Payee	address;	Ciry; State;	Zip Code		
i	TYPE OF EXPENDITURE		Political		Non-Political		
E	PURPOSE OF EXPENDITURE	Catery	Ory (See Categori	ies listed at the top of this	s schedule)		on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to be refit C/OH		ndidate / Office	eholder name	Office	sought	Office held
/					-		
		ATTA	CH ADDITIO	NAL COPIES O	F THIS SCHE	DULE AS NE	EDED
_							

	ASE OF INVESTMENTS MADE POLITICAL CONTRIBUTIONS	schedule F3
Т	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	YNAILISA SALDIVAY	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 SCHEDI	ULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide exp	lains how to complete this form.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State	e; Zip Code	
9 TYPE OF Expenditure	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check	On if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State	e; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLy if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns bow 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)
<u> </u>		A CHIAN	
	2 FILER NAME YMMISA	MANUAR	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if thavel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	p Code	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this so		
OF EXPENDITURE			ide of Texas. Complete Schedule T. TX, officeholder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	ayee address; City; State; Zi	p Code	
Reimbursement from political contributions intended	1-		
PURPOSE	Category (See Categories listed at the top of this so		
OF EXPENDITURE			ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED



SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment te this form 1 Total pages Schedule H: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expe Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Office older name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; Amount (\$) City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.
1 Total pales 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

	ST, CREDITS, GAINS, REFUNDS, A	'ND	SCHEDULE K
The	instruction Guide explains how to complete this form.	1 Total pages Sched	ule K:
2 FILER NAME	9 dalisa Salaivay	3 Filer ID (Ethics (Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	7 Purpose for which amount is received Check if	political contribution r	eturned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City, State	c; Zip Code	Amount (\$)
D-4-		political contribution r	eturned to filer Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Zip Code	Allount (4)
	Purpose for which amount is received Check if	political contribution r	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 Check if	political contribution r	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE	T							
The Instruction Guide explains from 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 D Schedule COH-UC Schedul								
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:								
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, 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 Schedul	B-SS							
Dates of travel Name of person(s) traveling								
Departure city or name of departure location								
Destination city or name of destination location								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS / MR G) FIRST	OFFICE USE ONLY
NAME	NICKNAME (////////////////////////////////////	Date Received
	JUDIYAY	7/4/2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	odbule
Change of Address	903 N. Well Big Spring / 79720	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER J EXTENSION (432) ALLE -5113	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR GARATICA MI	Receipt # Amount \$
NAME	NICKNAME CLAST SUFFIX	Date Processed
	Kay	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	803 N. Greag Big Spring, Th	7 19720
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (432) 466-5113	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	2/24/20 THROUGH 07/	15 / 20
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	
	Ho. Co. Com	unissioner Pct. 1
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT /

FORM C/OH COVER SHEET PG 2

<u> </u>			1				
14 C/OH NAME	dilisa k	- Sala	IVAK	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE ADDRESS					
Additional Pages		COMMITTEE CAMPAIGN	TREASURER NAME				
		COMMITTEE CAMPAIG	N TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG		CAL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR CTRONICALLY)	s ()			
		POLITICAL CONTRI THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	s Ø			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.						
	4. TOTAL POLITICAL EXPENDITURES \$						
CONTRIBUTION BALANCE		POLITICAL CONTRIBU ORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$			
OUTSTANDING LOAN TOTALS	O. TOTAL I KINGI AL AMOUNT OF ALL COTOTA INDICE CONTO NO OF THE						
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. My Notary ID # 128708503 Expires December 15, 2023 Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEALABOVE Sworp to and subscribed before me, by the said Additional Additiona							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

SUBTOTALS - C/OH	FORM C/OH SHEET PG 3
19 FILER NAME () SO Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ (2)
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ()
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ (
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ (D)
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

The instruction duide explains how to emplote this form. 2 FILER NAME Date 5 Full name of contributor 6 Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Amount of contribution (\$) Employer (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)	MONE	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1							
Date 5 Full name of contributor	The Instruction Guide explains how to complete this form.								
6 Contributor address; City; State; Zip Code 8 Principal occupation Nob title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	2 FILER NAM	AE YAMISA K-	MAI	lar Kan	3 Filer ID (Ethics Commission Filers)				
8 Principal occupation Qob title (See Instructions) Date Full name of cantributor Opt-of-state PAC (ID# Amount of contribution (\$) Contributor address: City: State: Zip Code	4 Date	5 Full name of contributor	Out-of-state PA	C (ID#:)	7 Amount of contribution (\$)				
Date Full name of cantributor opt-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor (\$)		6 Contributor address;	City;	State; Zip Code					
Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	8 Principal oc	ocupation Nob title (See Instructions)		9 Employer (See Instru-	ctions)				
Principal occupation / Job title (See Instructions) Date	Date	Full name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)				
Date Full name of contributor		Contributor address;		State; Zip Code					
Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Principal oc	cupation / Job title (See Instructions)	XII	Employer (See Instru	ctions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code		Contributor address;	City;	State: Zip Code					
Contributor address; City; State; Zip Code	Principal oc	cupation / Job title (See Instructions)		Employer (See Instru	ctions)				
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address;	City;	State; Zip Code					
	Principal oc	cupation / Job title (See Instructions)		Employer (See Instru	ctions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					NETOED				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Amount of 5 Date 6 Full name of contributor out-of-state PAC (ID# Contribution \$ description 7 Contributor address; State; Zip Code City; Check if travel outside of Texas, Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title FOR NON-JUDICIAN) See Instructions 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) FOR JUDICIAL) Amount of In-kind contribution Date Contribution \$ description Zip Code Contributor address; City; State Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (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.

PLED	GED CONTRIBUTIONS		SCHEDULE B
Th	ne Instruction Guide explains how to complete this form.	1 Total pages Sche	dule B:
2 FILER NAM	911 isa K Suldivar Rau	3 Filer ID (Ethics	Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor Out-of-state PAC (ID#:	of Pledge \$	9 In-kind contribution description
`	7 Pledgor address; City; State; Zip 0	Code Check if travel out	tside of Texas. Complete Schedule T.
10 Principal oc	ccupation / Job title (See Instructions)	yer (See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check if travel ou	tside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	yer (See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip	Code	•
		Check if travel ou	tside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (See Instructions)	oyer (See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Co		itside of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions) Emplo	oyer (See Instructions)	iside di Texas, complete scriedale i
	ATTACH ADDITIONAL COPIES OF THIS		ng requirements.

	", "	*/	
LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	dailisa K XIIdiva	ar Kau	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Łoan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State, Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable 20 Principal Occupa	J	State; Zip Code 21 Employer (See Instructions)	
20 Tillopal Coodpo	July (355 Mediana)		
Date of loan	Name of lender out-of-state	YAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEI truction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment					tental Expense Transportation Equipment & Related Travel In District Travel Out Of District Other (enter a category not listed about the content of the cont		
1 Total pages Schedule F1:	2 FILER NAM			Aldivar Rac	3 Filer ID (Ethio	s Commission Filers)	
4 Date	5 Payee name)		<u> </u>)		
6 Amount (\$)	7 Payee addre	ess;		City;	State;	Zip Code	
8	(a) Category (S	See Categories listed at the top of	of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE							
	(c) 🗀 🦭	eck if travel outside of Texas. Contr	olete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held	
Date	Payee name			11			
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (So	ae Categories listed at the top of	this schedule)	Description			
	Che	eck if travel outside of Texas. Comp	lete Schedule T.	Check if Aus	tin, TX, officeholder tivin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name	_	Office sought	\	Office held	
Date	Payee name	•					
Amount (\$)	Payee addre	ess;		City;	State,	Zip Code	
PURPOSE OF EXPENDITURE	Category (Se	ee Categories listed at the top of	this schedule)	Description			
	Che	ack if travel outside of Texas. Comp	lete Schedule T.	Check if Aust	tin, TX, officeholder livin	expense	
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NE	EDED		
Forms provided by Tayas Eth	ice Commission	WAAN I	ethics.state.tx.	us		Revised 1/1/2020	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains flow to complete this form 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Zip Code State: 8 Payee address; City; 7 Amount (\$) 9 TYPE QF Non-Political Political EXPENDITURE (b) Description listed at the top of this (a) Category (See Category edule) 10 **PURPOSE** OF EXPENDITURE (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Comp Candidate / Officeholder name. Office held 11 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date Zip Code State: Payee address; City; Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAM 5 Name of person from whom investment is purchased 4 Date 6 Address of person from whom investment is purchased; City; State; Zip Code Description of investment 8 Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is parchased; City; State Zip Code Description of investment Amount of investment (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CAT	TEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains 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 YALLISA	Saldivay Kou	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGI	ED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categores listed at the top of	(b) Description	
	(C) Check if travel outside of Texas. Comp	olete Schedule T. Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of	of this schedule) Description	
	Check if travel outside of Texas. Comp	plete Schedule T. Check if Al	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
W17			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME	Malyar Row	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
6 Amount (\$) 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 school (c) Check if travel outside of texas Complete School		TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the log of this sol						
	Check if travel outside of Texas. Complete Sch	eduje T. Check if Austin,	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City:	State; Žip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	nedule) Description					
	Check if travel outside of Texas. Complete School	edule T. Check if Austin,	TX, officehoner living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED				

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

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	/Banking Expense ns/Donations Made s/Officeholder/Politi	•	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The instruction	als Expense	Office Ov Polling E: Printing E Salaries/	xpense Mages/Contr	al Expense act Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total page	es Schedule H:	2 FILER N	AME UNII	XX.		Var	Kau	3 Filer ID (Ethic	s Commission Filers)
4 Date		5 Business	name	7 (/0 (01				
6 Amount	(\$)	7 Business	address;	<i>(</i>			City;	State;	Zip Code
•	RPOSE OF NDITURE		(See Categories listed	\ \ \ \	\	(b) Desc		X, officeholder living	expense
9 Complete expenditu	ONLY if direct ire to benefit C/O	Candid	ate / Officeholder	 	1	Office sou	ught		Office held
Date	11-27	Business	s name						
Amount	(\$)	Business	s address;				City;	State;	Zip Code
	RPOSE OF NDITURE	Category	(See Categories listed a	at the top of this so	chedule)	Desc	ription		
		(Check if travel outside of Te	xas, Complete Sch	hedule T.		Check if Austin, T	X, officeholder living	expense
	ONLY if direct or to benefit C/O		ate / Officeholder	name		Office sou	ng het		Office held
Date	7	Business	s name						
Amount	(\$)	Business	s address;				City;	State;	Zip Code
•	RPOSE OF NDITURE	Category	(See Categories listed a	at the top of this s	chedule)	Desc	cription		
EXI E	INDITIONE		Check if travel outside of Te	exas. Complete Sc	hedule T.		Check if Austin, 1	X, officeholder living	expense
	ONLY if direct ure to benefit C/C		late / Officeholder	name		Office so	ught	,	Office held
		АТТ	ACH ADDITIONA	AL COPIES (OF THIS	SCHEDU	LE AS NEED	ED	
						· · · · · · · · · · · · · · · · · · ·			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics 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 TH	S SCHEDULE AS NEEDED							

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:							
2 FILER NAME	3 Filer ID (Ethics Commis	sion Filers)					
4 Date	5 Name of person from whom amount is received	Amount (\$)					
	6 Address of person from whom amount is received; City; State; Zip Code						
	7 Purpose for which amount is received	d to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; State; Zip Code						
	Purpose for which amount is received Check if political contribution returned	d to filer					
Date	Name of person from whom amount is received	Amount (\$)					
	Address of person from whom amount is received; City; State; Zip Code						
	Purpose for which amount is received	d to filer					
Date	Name of person from whom amount is received	Amount (\$)					
·	Address of person from whom amount is received; City; State; Zip Code						
	Purpose for which amount is received Check if political contribution returned	d to filer					

		ITIONS OR POL	ITICAL EXPE	NDITURES	SCHEDULE T			
The Instru	ction Guide	1 Total pages Schedule	1 Total pages Schedule T:					
2 FILER NAME	ilisa	Kay	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor /	Corporation of	or Labor Organization / Pledg	or / Payee					
5 Contribution / Expendit Schedule A2 Schedule F2	Sche	on: dule B Schedule B(Jule F4 Schedule G	Schedule C2	Schedule D Schedule COH-U	Schedule F1			
6 Dates of travel	8 Departur	person(s) traveling e city or name of departure lo	\ 					
10 Means of transportation	on	11 Purpose of travel (includi	ng name of conference,	seminar, or other event)				
Name of Contributor /	Corporation	or Labor Organization / Pledg	or / Payee					
Contribution / Expendi	iture reported	on:						
	_		J) Schedule C2	Schedule D	Schedule F1			
Schedule A2		edule B Schedule 8						
Schedule F2	Sche	edule F4	Schedule H	Schedule COH-U	Schedule B-SS			
Dates of travel	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
	Destination city or name of destination location							
Means of transportati	ion	Purpose of travel (includ	ing name of conference,	seminal or other event)				
Name of Contributor /	Corporation	or Labor Organization / Pledç	gor / Payee					
Contribution / Expend	liture reported	ion:						
Schedule A2	Schedu	ile B Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Schedu	ile F4 Schedule G	Schedule H	Schedule COH-UC	Chedule B-SS			
Dates of travel	Name o	f person(s) traveling						
	Departure city or name of departure location							
	Destination city or name of destination location							
Means of transportat	tion	Purpose of travel (include	ling name of conference,	seminar, or other event)				
	A	TTACH ADDITIONAL COP	IES OF THIS SCHEDUI	LE AS NEEDED				