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. 3 CANDIDATE / MS / MRS / MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** mn NAME Date Received NICKNAME SUFFIX 10-8-2020 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE **OFFICEHOLDER** MAILING Parkway Rd Big Spring **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked 548-0765 (806) PHONE Receipt # Amount \$ MI 6 CAMPAIGN MS / MRS / MR **TREASURER** NAME Date Processed SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); STATE ZIP CODE CAMPAIGN **TREASURER ADDRESS** 4407 Parkway Rd Big Spring (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** (806) 548-0765 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 01/15/2020 11/8/ THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Year Description 11/03/20 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Tax Assemor Collector Tax Assemor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	iffany	A Sayles	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	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$			
,	and and an analysis and	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	JRE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$					
	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$			
OUTSTANDING LOAN TOTALS	The second of th	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT		Lauren auffirm under anally of an	in an Abrat Abra and an anning an and in			
	JACKIE HYATT y Public, State of Te					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m. Expires 05-08-20 lary ID 132111962	-6 J. Suyle)			
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMI		Thomas	ath.			
Sworn to and subscribed before me, by the said Tiffany 50 ylls , this the day of 00000000000000000000000000000000000						
achi dega	H	Jackie Hyatt	Deputy Clerk Title of officer administrating eath			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) SUBTOTAL 21 SCHEDULE SUBTOTALS **AMOUNT** NAME OF SCHEDULE \$ 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS \$ 5. \$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONE	TARY POLITICAL	CONTR	RIBUTIONS	SCHEDULE A1
Th	e Instruction Guide explains how	v to complete th	nis form.	1 Total pages Schedule A1:
FILER NAM	E		100,000	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	 upation / Job title (See Instructions)		Employer (See Instruc	tions)
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)

	MONETARY (IN-KIND) POLITI RIBUTIONS	CAL	SCHEDULE A2
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor)	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 occ	pupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	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)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 T If contributor is out-of-state PAC, please see Instructi		

The	e Instruction Guide explains how to complete	this form.	1 Total pages Sched	lule B:
FILER NAME	E		3 Filer ID (Ethics C	Commission Filers)
TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ut-of-state PAC (1D#:	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code		
				side of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		·
			Check if travel outs	: ide of Texas. Complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State: Zip Code		• • • • • • • • • • • • • • • • • • •
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	e Instructions)	
	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Date				
Date	Pledgor address; City;	State; Zip Code		•
Date	Pledgor address; City;	State; Zip Code		ide of Texas. Complete Schedule T

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	X		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	I on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	ateral	Check if personal fun	ds were deposited into political tions)
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-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	,	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		T	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living] expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		944 97 <u>44 - 44 44 44 44 44 44 44 44 44 44 44 44</u>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	18. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder 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 NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	tin, TX, officeholder living expense
expenditure to benefit C/OF	H 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 this	s schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

7	he instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	110000000000000000000000000000000000000
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	7-b
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	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	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF Expenditure			
:	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/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 thi	s schedule) Description	
EXPENDITORE	Check if travel outside of Texas. Complete	e Schedule T Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		- Discount of the Control of the Con	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED



SCHEDULE G

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name	W. F		
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		pense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	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 top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	The state of the s



SCHEDULE H

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
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name 6 Amount (\$) 7 Business address; City; Zip Code State: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Business address: City; Zip Code Amount (\$) State: 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 Candidate / Officeholder name Office sought Office held 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 schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to com	aplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission 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 in required.)	nstructions regan	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regar	ding type of	information
1.192.1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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

SCHEDULE K

	· · · · · · · · · · · · · · · · · · ·		
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ite; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

		JTIONS OR POLIT SIDE OF TEXAS	ICAL EXPE	NDITURES SCHEDULE T	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation	or Labor Organization / Pledgor /	Payee	1	
5 Contribution / Expendi	ture reported	Ion:			
Schedule A2 Sche		edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2 Sche		sdule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name of	of person(s) traveling			
8 Departu		re 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					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S					
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 Schedule B-SS				
Dates of travel	Name of person(s) traveling				
	Departu	e city or name of departure location			
	Destinat	tion city or name of destination location			
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. -- Complete only if "Report Type" on page 1 is marked "Final Report" --1 C/OH NAME 2 Filer ID (Ethics Commission Filers) 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. R **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder