

#### Dear Prospective Candidate:

Thank you for your consideration in applying for a position on the City of Piney Point Village Alderman. The positions of City Alderman Place 1, City Alderman Place 2, and City Alderman Place 5 will be on the May 3, 2025, ballot. All of these positions are for a two-year term of office. The first day to file for place on ballot is January 15, 2025, and the last day to file for a place on the ballot is February 14, 2025, at 5:00 p.m.

Your application for place on ballot may be submitted in person, by mail, by fax, or by email (See contact information below).

While in the past, applications traditionally have been submitted in person; you may want to consider the other methods of submission. If so, please make sure that you apply early, complete all required information, and sign your application before a notary public before scanning and submitting. Early submission will enable you to make corrections should your application be rejected.

If you prefer to submit your application in person and would like to schedule a date and time certain to meet with the City Secretary, you may do so by using the contact information outlined below. In any event, should you have any questions about the process, please call the City Secretary at 713-230-8703.

Your candidacy demands the obligation to comply with certain applicable state statutes and local ordinances. To assist you in your candidacy during the May 3, 2025, city election cycle, a "Candidate's Packet" has been prepared with forms and information. The candidate packet may be downloaded from the City's website: <a href="https://www.cityofpineypoint.com/page/city\_elections">https://www.cityofpineypoint.com/page/city\_elections</a>. However, upon request, the required State of Texas forms will be provided in hard-copy format.

It is the duty of the candidate to become familiar with the laws applicable to campaigning for office. The duty of the City Secretary is limited to accepting and filing the various applications, affidavits, and statements, and noting the date and time of filing thereon. The City Secretary should not be expected to judge or comment upon the timeliness or sufficiency of reports filed. Should you have any questions regarding reporting procedures, contributions, or expenditures, please call the Texas Ethics Commission at (512) 463-5800, or visit online at www.ethics.state.tx.us.

The completed Application for Place on the Ballot and all Campaign Finance forms are open to the public upon request, including the media. Additionally, in accordance with new legislation, campaign finance forms are now required to be posted on the City Website. Please note that the Application for Place on the Ballot has a field for Public Email Address information. In connection with same, some candidates create an email address for campaign purposes while others choose to use their personal email addresses for this purpose.

Regardless, it is important for the City to have your email contact information. Therefore, in order to protect personal email information in accordance with the Texas Public Information Act, it will be necessary for you to complete the General Release of Email Address form indicating your instructions about releasing this information. (See attached Section 4a-General Release of Email Address)

You may direct questions about election laws to the Secretary of State at (800) 252-8683 or (512) 463-5650, or visit online at www.sos.state.tx.us.

The City Secretary's office is open to help you. Our address is 7660 Woodway Dr., Suite 460 Houston, Texas 77063. If you need assistance during your campaign, please contact me at 713-230-8703. or by email at cityadmin@pineypt.org.

Sincerely,

Robert Pennington, City Secretary

# **GENERAL RELEASE**

STATE OF TEXAS	
COUNTY OF HARRIS	
is included on my candida understand that my applica	agree / do not agree to allow my email address that the application to be published for public information. I ation for candidacy, once submitted is public information ess, general public, and opponents alike.
DATED thisday of	, 20
	Signature of Affiant

### APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

APPLICATION FOR A PLACE (								ON BALLOT
TO: City Secretary/Secretary of Board				election)				
I request that my name be placed on the	e above-na	med officia	•	•	e for the office	indicated be	elow.	
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CITY	STATE	ZIP		CITY			STATE	ZIP
	<u> </u>							
PUBLIC EMAIL ADDRESS (Optional) (Address		CUPATION (	Do not lea	ve blank)	DATE OF BIRT	Н	_	STRATION VUID
which you receive campaign related emails, if available	e.)				,	,	NUMBER <sup>2</sup> (C	Optional)
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TELEPHONE CONTACT INFORMATION (OF	otional)							
Home:		Office:				Cell:		
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I have been finally convicted of a feld	ny, but I ha	ive been			( - )	WHICH THI		GHT IS ELECTED
pardoned or otherwise released from	n the result	ng		\	/ear(s)			year(s)
disabilities of that felony conviction a				r	month(s)			month(s)
proof of this fact with the submission								
*If using a nickname as part of your name								
my nickname does not constitute a slogar							-	
been commonly known by this nickname f					lease review se	ections 52.031	L, 52.032 and S	52.033 of the Texas
Election Code regarding the rules for how	names may	be listed of	n the offici	ai ballot.				
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being by me here and now duly sworn, up	on oath say	rs:						
"I, (name of candidate)				_, of			Cour	nty, Texas,
being a candidate for the office of					_, swear that I	will support	and defend th	e Constitution and
laws of the United States and of the State								
this state. I have not been determined by								
mentally incapacitated without the right t								
any prior felony conviction, and if so convi								
any such final felony conviction. I am awa status constitutes a Class B misdemeanor.								
Status constitutes a class B misuemeanor.	i iui tilei si	vear that th		g statements	s included in my	application (	are in an tillig	s true and correct.
			Х					
				SIGNATUR	E OF CANDIDA			
		lf						
Sworn to and subscribed before me this th	ne c (day)	ау от	(month)		, by _ (year)		name of candic	
	(uay)		(IIIOIILII)		(year)	(1	iairie oi caridic	iate)
Signature of Officer Authorized to Adminis	ster Oath <sup>4</sup>			Print	ted Name of Of	ficer Authoriz	ed to Adminis	ster Oath
Notarial or Official Seal								
Title of Officer Authorized to Administer C	ath							
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:								
$\square$ cash $\square$ check $\square$ money order $\square$ cashiers check or $\square$ petition in Lieu of a filing fee.								
This document and \$ filing fe	e or a non	inating pet	ition of	pages	received.	☐ Voter	Registration	Status Verified
		51					-	
	/	(Se	ee Section	1.007)				
Date Received Date Accep	ted	-			ignature of Fili	ng Officer or	Designee	<del></del>

2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code
09/2023

#### **INSTRUCTIONS**

An application for a place on the general election for a city, school district or other political subdivision, may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields of the application **must** be completed unless specifically marked optional.

For an election to be held on a uniform election date, the day of the filing deadline is the 78th day before Election Day.

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

#### **NEPOTISM LAW**

The candidate must sign this statement indicating his awareness of the nepotism law. When a candidate signs the application, it is an acknowledgment that the candidate is aware of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

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

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

#### **FOOTNOTES**

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

<sup>2</sup>Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <a href="http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml">http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml</a>

<sup>3</sup>Proof of release from the resulting disabilities of a felony conviction would include proof of judicial clemency under Texas Code of Criminal Procedure 42A.701, proof of executive pardon under Texas Code of Criminal Procedure 48.01, or proof of a restoration of rights under Texas Code of Criminal Procedure 48.05. (Texas Attorney General Opinion KP-0251)

One of the following documents must be submitted with this application.

Judicial Clemency under Texas Code of Criminal Procedure 42A.701 Executive Pardon under Texas Code of Criminal Procedure 48.01 Restoration of Rights under Texas Code of Criminal Procedure 48.05

<sup>4</sup>All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary (for a city office), and the Secretary of State of Texas. See Chapter 602 of the Texas Government Code for the complete list of persons authorized to administer oaths.

2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election
Code 09/2023

# SOLICITUD DE INSCRIPCIÓN PARA UN LUGAR EN LA BOLETA DE UNA ELECCIÓN GENERAL PARA UNA CIUDAD, DISTRITO ESCOLAR U OTRA SUBDIVISIÓN POLÍTICA

TODA LA INFORMACIÓN ES REQUERIDA A MENOS QUE SE INDIQUE COMO OPCIONAL¹ El hecho de no proporcionar la información requerida puede resultar en el rechazo de la solicitud.

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	/ /	/ / / (See Section 1.007)							
	Date Received	Date Accepted			Signature of Filing	Officer	or Designee		

#### **INSTRUCCIONES**

Una solicitud para un lugar en la elección general para una ciudad, distrito escolar u otra subdivisión política, no puede ser presentada antes de los 30 días antes de la fecha límite prescrita por este código para presentar la solicitud. Una solicitud presentada antes de ese día es nula. Todos los campos de la solicitud **deben** completarse a menos que estén específicamente marcados como opcional.

Para una elección que se lleve a cabo en una fecha de elección uniforme, el día de la fecha límite de presentación es el 78 dia antes del día de la elección.

Si tiene preguntas sobre la solicitud, por favor póngase en contacto con la División de Elecciones del Secretario de Estado llamando al 800-252-8683.

#### **LEY DE NEPOTISMO**

El candidato debe firmar esta declaración indicando su conocimiento de la ley del nepotismo. Cuando un candidato firma la solicitud, es un reconocimiento de que el candidato conoce la ley del nepotismo. Las prohibiciones de nepotismo del capítulo 573, Código de Gobierno, se resumen a continuación:

Ningún funcionario puede nombrar, votar o confirmar el nombramiento o empleo de cualquier persona emparentada dentro del segundo grado por afinidad (matrimonio) o del tercer grado por consanguinidad (sangre) con sí mismo, o con cualquier otro miembro del órgano de gobierno o corte en el que se desempeña cuando la compensación de esa persona debe pagarse con fondos públicos o honorarios del cargo. Sin embargo, nada en la ley impide el nombramiento, la votación o la confirmación de cualquier persona que haya estado empleada continuamente en la oficina o el empleo durante el período siguiente antes de la elección o el nombramiento del funcionario o miembro emparentado con el empleado en el grado prohibido: seis meses, si el funcionario o miembro es elegido en una elección que no sea la elección general para funcionarios estatales y del condado.

Ningún candidato puede tomar medidas para influir en un empleado del cargo al que aspira a ser elegido o en un empleado o funcionario del organismo gubernamental al que aspira a ser elegido en relación con el nombramiento o el empleo de una persona emparentada con el candidato en un grado prohibido, tal como se ha indicado anteriormente. Esta prohibición no se aplica a las acciones de un candidato con respecto a una clase o categoría de buena fe de empleados o empleados prospectos.

#### **NOTAS**

<sup>1</sup>Una solicitud para un lugar en la boleta electoral, incluida cualquier petición que la acompañe, es información pública inmediatamente después de su presentación. (Sección 141.035, Código Electoral de Texas)

<sup>2</sup>La inclusión del número único de identificación de votante (VUID, por sus siglas en Ingles) es opcional. Sin embargo, a muchos candidatos se les exige que estén registrados como votantes en el territorio desde el cual se elige el cargo en el momento de la fecha límite de presentación. Por favor, visite el sitio web de la Division de Elecciones de la Secretaría de Estado para obtener información adicional. http://www.sos.state.tx.us/elections/laws/hb484-fag.shtml

<sup>3</sup>La prueba de liberación de las discapacidades resultantes de una condena por un delito grave incluiría prueba de clemencia judicial según el Código de Procedimiento Penal de Texas 42A.701, prueba de indulto ejecutivo según el Código de Procedimiento Penal de Texas 48.01, o prueba de una restauración de derechos según el Código de Procedimiento Penal de Texas 48.05. (Opinión de Fiscal General de Texas KP-0251)

#### Se debe enviar uno de los siguientes documentos con esta solicitud:

Clemencia judicial según el Código de Procedimiento Penal de Texas 42A.701

Prueba de indulto ejecutivo según el Código de Procedimiento Penal de Texas 48.01

Prueba de una restauración de derechos según el Código de Procedimiento Penal de Texas 48.05

<sup>4</sup>Todos lo los juramentos, declaraciones juradas o afirmaciones hechas dentro de este estado pueden ser administrados y un certificado del hecho dado por un juez, secretario(a) o comisionado de cualquier corte de registro, un notario público, un juez de paz, secretario municipal (para una oficina de la ciudad) y el Secretario de Estado de Texas. Consulte el Capítulo 602 del Código del Gobierno de Texas para obtener la lista completa de personas autorizadas a administrar juramentos.

# NOTICE OF DRAWING FOR PLACE ON BALLOT (GENERAL ELECTION)

THE STATE OF TEXAS HARRIS COUNTY

Notice is hereby given that a drawing will be held on the 20th day of February 2025 at 8:00 a.m. in the City Secretary's Office, Piney Point Village, Texas, for the purpose of determining the order in which the names of candidates are to be printed on the ballot in the municipal election to be held on the 3rd day of May, 2025.

s/Robert Pennington, City Secretary City of Piney Point Village, State of Texas

# AVISO DE SORTEO PARA POSICIÓN EN LA BOLETA ELECTORAL (ELECCIÓN REGULAR)

EL ESTADO DE TEXAS CONDADO DE HARRIS

Se de aviso por la presente que se llevará a cabo un sorteo el dia 20 de febrero de 2025 a las 8:00 a.m., en la oficina de la secretaria de Piney Point Village, Texas, para el propósito de determinar el orden en que serán impresos los nombres de los candidatos en las boletas para la elección municipal que se llevará a cabo el día 3 de mayo de 2025.

s/Robert Pennington, Secretaria Ciudad de Piney Point Village, Estado de Texas

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

# FORM CTA PG 1

	See	CTA Instruction	ns.	1 Total pages file	d:		
2	CANDIDATE	MS/MRS/MR	FIRST		MI	OFFICE	USE ONLY
	NAME					Filer ID #	
		NICKNAME	LAST		SUFFIX		
						Date Received	
	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	-	
3	CANDIDATE MAILING	ABBRESS / FO BOX,	7.1.7.00Hz #,	0111,	CIATE, ZII GODE		
	ADDRESS						
						Date Hand-delivered	or Postmarked
4	CANDIDATE	AREA CODE	PHONE NUMBER		EXTENSION	Receipt#	Amount \$
	PHONE						
		( )				Date Processed	
5	OFFICE					Date Imaged	
	HELD (if any)						
6	OFFICE SOUGHT						
	(if known)						
7	CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	NAME						
8	CAMPAIGN	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	TREASURER STREET						
,	ADDRESS						
(	residence or business)						
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION		
	TREASURER PHONE	( )					
10	CANDIDATE						
	SIGNATURE	I am aware	e of the Nepotis	sm Law, Ch	apter 573 of the Te	exas Governn	nent Code.
		I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
				-			
			Signature of Car	ndidate		Date Signe	d

# CANDIDATE MODIFIED REPORTING DECLARATION

### FORM CTA PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. ••  (An election cycle includes a primary election, a general election, and any related runoffs.)
	● Candidates for the office of state chair of a political party may NOT choose modified reporting. ●
	I do not intend to accept more than \$1,080 in political contributions or make more than \$1,080 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies

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

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

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

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

# CODE OF FAIR CAMPAIGN PRACTICES

# FORM CFCP COVER SHEET

				OFFICE USE ONLY		
Pursuant to chapter 258 of political committee is enco Campaign Practices. The Cauthority upon submission form. Candidates or policurrent campaign treasurer 1997, may subscribe to the Subscription to the Code of	ir g nt a	arked				
1 ACCOUNT NUMBER	2 TYPE OF FILER					
(Ethics Commission Filers)	CANDIDATE		POLITICAL COMMITTE	E 🗌		
	If filing as a candidate, co		If filing for a political committed boxes 7 and 8, then read and			
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)	FIRST	МІ			
	NICKNAME	LAST	SUFFIX (SR., JR., III, 6	etc.)		
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE	PHONE NUMBER	EXTENSION			
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX; APT / S	SUITE#; CITY;	STATE;	ZIP CODE		
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)						
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)						
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)	FIRST	МІ			
<u> </u>	NICKNAME	LAST	SUFFIX (SR., JR., III, 6	etc.)		
	GO TO F	PAGE 2				

### **CODE OF FAIR CAMPAIGN PRACTICES**

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

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

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

Signature	Date

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #;	CITY; STATE; ZIP CODE			
Change of Address				1		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	Date Hand-delivered	or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Date Processed	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Flocessed		
	NICKNAME	LAGI	301117	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
,						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
THOME	( )					
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day af treasurer ap (Officeholde		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED			THROUGH			
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other			
		/ General	Description Special			
		/ Constan				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPO THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
<u> </u>	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME					16 Filer	ID (Ethics Co	mmission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL	ARANTEES OF LO	•	N	\$		
	2.	TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO		ANTEES OF LOANS	)	\$		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITI	CAL EXPENDITUR	RE.		\$		
	4.	TOTAL POLITICAL EXPEN	NDITURES			\$		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAI	NED AS OF THE LA	ST DAY	\$		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT		NDING LOANS AS C	OF THE	\$		
	18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.							
				Signature of C	andidate	or Officeholde	er	
	Please complete either option below:							
(1) Affidavit								
NOTARY STAMP/SEA	L							
Sworn to and subscribed	before m	e by		this the		_ day of	,	
20, to certify which, witness my hand and seal of office.								
Signature of officer administe	ering oath	Printed name of	officer administerin	g oath		Title of officer	administering oath	
			OR					
(2) Unsworn Declaration	on							
My name is			, and	d my date of birth is	s		·	
My address is			,	,	, _	,	·	
		(street)		(city)	-			
Executed in		County, State of	, on the	day of (mont	th)	, 20 (year)		
				Signature of Cand	idate/Offic	eholder (Decla	arant)	

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	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 CONTR	RIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	NTRIBUTIONS \$
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 BU	SINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED \$

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	•
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDIT	TONAL COPIES	OF THIS SCHEDULE AS N	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.** 

			-	
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAMI	2 FILER NAME			ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	         de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
<b>16</b> 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 Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(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 1	THIS SCHEDI	ULE AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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.** 

	ii tilo roque.	sed information is not applicable, <b>50 No.</b> In	cidde tilis page	in the report.	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta	ate; Zip Code		 
				Check if travel outs	l. ide of Texas. Complete Schedule T.
10	Principal occu	ipation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code		 
				Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code		 
				Check if travel outs	I Lide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (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 occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		ATTACH ADDITIONAL CODICO	OF THIS SOURD!	LEAGNEEDED	
		ATTACH ADDITIONAL COPIES	OL IUIS SCHEDO	LE 49 NEEDED	

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

#### **LOANS** SCHEDULE E

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

	ii tile requested	и ппотпацоп із посарріса	able, <b>DO NO</b>	or include this page in the re	port.
	The	Instruction Guide explains I	how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UNITEMIZED LOANS			\$	
5	Date of loan	7 Name of lender	out-of-state	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 occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	1
14	Description of Coll	ateral		Check if personal fun account (See Instruc	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 Occupat	tion (See Instructions)		21 Employer (See Instructions)	
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
	ls 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 fun	ds were deposited into political
	none			account (See Instruc	tions)
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
		Guarantor address;	City;	State; Zip Code	
	not applicable	(O I I I		Employer (Conditional)	
	Principal Occupati	on (See Instructions)		Employer (See Instructions)	
		ATTACH ADDI	TIONAL COP	PIES OF THIS SCHEDULE AS NE	EDED

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

www.ethics.state.tx.us

# 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
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)

yee name  yee address;  ategory (See Categories listed at the top of this schedule)	City; (b) Description	3 Filer ID (Ethics Commission Filers)  State; Zip Code
yee address;		State; Zip Code
		State; Zip Code
ategory (See Categories listed at the top of this schedule)	(b) Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
yee name		
yee address;	City;	State; Zip Code
ttegory (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
yee name		
yee address;	City;	State; Zip Code
tegory (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name  yee name  yee address;  tegory (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  yee name  yee address;  tegory (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Candidate / Office holder name  Office sought  yee name  yee address;  City;  Itegory (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Office sought  Office sought

### **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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nting Expense Travel Out Of aries/Wages/Contract Labor Other (enter a

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

C	andidate/Officeholder/Politica	The Instruction Guide explains I	now to complete this form.	Other (enter a category r	not listed above)
<b>1</b> To	otal pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Cor	mmission Filers)
<b>4</b> T	OTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGA	ATIONS	\$	
<b>5</b> D	ate	6 Payee name			
<b>7</b> A	mount (\$)	8 Payee address;	City;	State;	Zip Code
9 E	TYPE OF XPENDITURE	Political	Non-Political		
10 E	PURPOSE OF XPENDITURE	(a) Category (See Categories listed at the top of this sch	(b) Description		
		(C) Check if travel outside of Texas. Complete Sche	dule T. Check if Au	ustin, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	ı
С	ate	Payee name			
А	mount (\$)	Payee address;	City;	State;	Zip Code
E	TYPE OF EXPENDITURE	Political	Non-Political		
E	PURPOSE OF XPENDITURE	Category (See Categories listed at the top of this sch	nedule) Description		
		Check if travel outside of Texas. Complete Sch	edule T. Check if A	Austin, TX, officeholder living e	xpense
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	1
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

т	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; Cit	y; 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	r; 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.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees
Food/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/	d/beverage Expense Awards/Memorials Expense al Services			Т	ravel In District ravel Out Of District 0ther (enter a categor	y not listed above)
The Instruction	Guide explains how	to complete this form.		USE A NEW	PAGE FOR EA	CH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				з	3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED	TO A CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial in	nstitution					
6 PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) C	Credit Card Issuer	Paid	
7 PAYEE	(a) Payee name	I	(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categ	gories listed at the top of this sche	l dule)	(b) Descript	ion		
Political Non-Political	(c) Check if tra	vel outside of Texas. Complet	e Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendito	ire Charged	(c) Date(s) C	Credit Card Issuer	Paid	
	\$						
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categ	gories listed at the top of this sche	dule)	(b) Descript	ion		
Political Non-Political	(c) Check if tra	vel outside of Texas. Complet	e Schedule T.		Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) C	Credit Card Issuer	Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categ	gories listed at the top of this sche	L dule)	(b) Descript	ion		
Political Non-Political	(c) Check if tra	vel outside of Texas. Complet	e Schedule T.		Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Off	ice Sought		Office Held	
	ATTACH A	DDITIONAL COPIE	S OF THIS	SCHEDUL	LE AS NEEDI	ED	

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense
Travel In District

Solicitation/Fundraising Expense

Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment		Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Payee name		ı
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 schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
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	Chaptiffmuni autilit of Tours Country City T		TV - #Firsh alder Britan av
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name		ı		
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions 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 required.)	e instructions 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 required.)	e instructions 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 required.)	e instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

# 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 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; S	State; 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; S	State; Zip Code
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; S	State; Zip Code
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; S	State; Zip Code
Purpose for which amount is received Check	if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED

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

## SCHEDULE T

<u>'</u>	11 /	·	
The Instruction Guid	e 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 reporte	nd on:		
		_	
Schedule A2 Sc	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2 Sc	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel 7 Name	of person(s) traveling		
8 Depart	ure city or name of departure location		
9 Destina	ation city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, see	eminar, or other event)	
Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reporte	ed on:		
Schedule A2 Sc	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
		Schedule D Schedule F1	
	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name	of person(s) traveling		
Depart	ure city or name of departure location		
Dontin	ation of the second of the strength of the str		
Destina	ation city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reporte	ed on:		
Schedule A2 Sched	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
		Schedule D Schedule F1	
	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name	of person(s) traveling		
Depart	ure city or name of departure location		
Destina	ation city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, se	eminar, 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 N	IAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	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				
		ů –			
4	FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from	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 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.				
		S	ignature of Candidate		
5	5 OFFICEHOLDER  •• Complete this section <i>only</i> 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.				
		Sig	gnature of Officeholder		



# TEXAS ETHICS COMMISSION 2025 FILING SCHEDULE FOR REPORTS DUE IN CONNECTION WITH ELECTIONS HELD ON UNIFORM ELECTION DATES

This is a filing schedule for reports to be filed in connection with elections held on uniform election dates in May and November. Examples of elections held on uniform election dates are elections for school board positions and city offices. The uniform election dates in 2025 are May 3 and November 4.

Candidates and officeholders must file semiannual reports (due on January 15, 2025, and July 15, 2025). In addition, a candidate who has an opponent on the ballot in an election held on a uniform election date must file two pre-election reports (unless the candidate has elected modified reporting).

The campaign treasurer of a political committee that is involved in an election held on a uniform election date must also file pre-election reports (unless the committee is a general-purpose political committee that files monthly or a specific-purpose political committee that files on the modified reporting schedule). This schedule sets out the due dates for pre-election reports in connection with elections on uniform election dates. Please consult the 2025 REGULAR FILING SCHEDULE FOR GENERAL-PURPOSE POLITICAL COMMITTEES (GPAC), COUNTY EXECUTIVE COMMITTEES (CEC), AND SPECIFIC-PURPOSE POLITICAL COMMITTEES (SPAC) for a complete listing of political committee deadlines.

Candidates for and officeholders in local offices regularly filled at the general election for state and county officers (the November election in even-numbered years) should use the 2025 FILING SCHEDULE FOR CANDIDATES AND OFFICEHOLDERS FILING WITH THE COUNTY CLERK OR ELECTIONS ADMINISTRATOR.

#### EXPLANATION OF THE FILING SCHEDULE CHART

<u>COLUMN I: REPORT DUE DATE</u> - This is the date by which the report must be filed. If the due date for a report falls on a Saturday, Sunday, or legal holiday, the report is due on the next regular business day. This schedule shows the extended deadline where applicable. A report transmitted to the Texas Ethics Commission over the Internet is considered timely filed if it is transmitted *by midnight, Central Time Zone, on the night of the filing deadline*. For most filing deadlines, a report filed on paper is considered timely filed if it is deposited with the U.S. Post Office or a common or contract carrier properly addressed with postage and handling charges prepaid, or hand-delivered to the filing authority by the filing deadline. **Pre-Election Reports:** A report due 30 days before an election and a report due 8 days before an election must be *received* by the appropriate filing authority no later than the report due date to be considered timely filed.

<u>COLUMN II: TYPE OF REPORT (WHO FILES)</u> - This column gives the report type and explains which reporting form to use and which filers are required to file the report.

<u>COLUMN III: BEGINNING DATE OF PERIOD COVERED</u> - This column sets out the beginning date of the time period covered by the report. Use the latest one of the applicable dates. The "date of campaign treasurer appointment" is the beginning date only for the *first* report filed after filing a campaign treasurer appointment. For officeholders recently appointed to an elective office, the beginning date for the first report will be the date the officeholder took office, provided that he or she was not already filing as an officeholder or candidate at the time of the appointment. (*NOTE:* If you are ever confused about the beginning date for a required report, remember this rule: **There should never be gaps between reporting periods and, generally, there should not be overlaps.**)

<u>COLUMN IV: ENDING DATE OF PERIOD COVERED</u> - This column sets out the ending date of the time period covered by the report. The report must include reportable activity occurring on the ending date.

Please consult the CAMPAIGN FINANCE GUIDE FOR CANDIDATES AND OFFICEHOLDERS WHO FILE WITH LOCAL FILING AUTHORITIES or the CAMPAIGN FINANCE GUIDE FOR POLITICAL COMMITTEES for further information.

COLUMN I DUE DATE	COLUMN II TYPE OF REPORT (WHO FILES)	COLUMN III BEGINNING DATE OF PERIOD COVERED	COLUMN IV ENDING DATE OF PERIOD COVERED
Wednesday, January 15, 2025	January semiannual  [FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$1,080 in contributions or expenditures for the reporting period)  [FORM GPAC] (all GPACs)  [FORM SPAC] (all SPACs)	July 1, 2024, <u>or</u> the date of campaign treasurer appointment, <u>or</u> the day after the date the last report ended.	December 31, 2024
Wednesday, January 15, 2025	Annual report of unexpended contributions  [FORM C/OH-UC] (former candidates and former officeholders who have filed a final report and who retained unexpended contributions or assets purchased with contributions)	January 1, 2024, <u>or</u> the day after the date the final report was filed.	December 31, 2024

### REPORTS DUE BEFORE THE MAY 3, 2025, UNIFORM ELECTION

Thursday, April 3, 2025	30th day before the May 3, 2025, uniform election	January 1, 2025, <u>or</u> the date of campaign treasurer	March 24, 2025
NOTE: This report must be <u>received</u> by the appropriate filing authority no later than April 3, 2025.	[FORM C/OH] (all local candidates who have an opponent on the ballot in the May 3 election and who do not file on the modified reporting schedule)	appointment, <u>or</u> the day after the date the last report ended.	
	[FORM GPAC] (all GPACs that are involved with the May 3 election)		
	[FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that supported or opposed an opposed candidate or a measure in the May 3 election)		

**NOTE**: A political committee must file pre-election reports if the committee is involved with the election during each pre-election reporting period. A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period. The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule.

COLUMN I DUE DATE	COLUMN II  TYPE OF REPORT  (WHO FILES)	COLUMN III BEGINNING DATE OF PERIOD COVERED	COLUMN IV ENDING DATE OF PERIOD COVERED
Friday, April 25, 2025  NOTE: This report must be received by the appropriate filing authority no later than April 25, 2025.	8th day before May 3, 2025, uniform election  [FORM C/OH] (all local candidates who have an opponent on the ballot in the May 3 election and who do not file on the modified reporting schedule)  [FORM GPAC] (all GPACs that filed a "30th Day Before Election Report" or that are involved with the May 3 election)  [FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that filed a "30th Day Before Election Report" or that supported or opposed an opposed candidate or a measure in the May 3 election)	March 25, 2025, <u>or</u> the date of campaign treasurer appointment, <u>or</u> the day after the date the last report ended.	April 23, 2025  NOTE: Daily pre- election reports of contributions accepted and direct campaign expenditures made after April 23, 2025, may be required. Please consult the Campaign Finance Guide for further information.
Tuesday,	July semiannual	January 1, 2025, <u>or</u>	June 30, 2025

### Tuesday, July 15, 2025

[FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$1,110 in contributions or expenditures for the reporting period)

[FORM GPAC] (all GPACs)

[FORM SPAC] (all SPACs)

the date of campaign treasurer appointment, *or* 

the day after the date the last report ended.

**NOTE**: A political committee must file pre-election reports if the committee is involved with the election during each pre-election reporting period. A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period. The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule.

COLUMN I
DUE DATE

# COLUMN II TYPE OF REPORT (WHO FILES)

# COLUMN III BEGINNING DATE OF PERIOD COVERED

COLUMN IV
ENDING DATE
OF PERIOD
COVERED

### REPORTS DUE BEFORE THE NOVEMBER 4, 2025, UNIFORM ELECTION

Monday, October 6, 2025  Deadline is extended because of weekend.  NOTE: This report must be received by the appropriate filing authority no later than October 6, 2025.	30th day before the November 4, 2025, uniform election  [FORM C/OH] (all local candidates who have an opponent on the ballot in the November 4 election and who do not file on the modified reporting schedule)  [FORM GPAC] (all GPACs that are involved with the November 4 election)  [FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that supported or opposed an opposed candidate or a measure in the November 4 election)	July 1, 2025, <u>or</u> the date of campaign treasurer appointment, <u>or</u> the day after the date the last report ended.	September 25, 2025
Monday, October 27, 2025  NOTE: This report must be received by the appropriate filing authority no later than October 27, 2025.	8th day before the November 4, 2025, uniform election  [FORM C/OH] (all local candidates who have an opponent on the ballot in the November 4 election and who do not file on the modified reporting schedule)  [FORM GPAC] (all GPACs that filed a "30th Day Before Election Report" or that are involved with the November 4 election)  [FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that filed a "30th Day Before Election Report" or that supported or opposed an opposed candidate or a measure in the November 4 election)	September 26, 2025, <u>or</u> the date of campaign treasurer appointment, <u>or</u> the day after the date the last report ended.	October 25, 2025  NOTE: Daily pre- election reports of contributions accepted and direct campaign expenditures made after October 25, 2025, may be required. Please consult the Campaign Finance Guide for further information.

**NOTE**: A political committee must file pre-election reports if the committee is involved with the election during each pre-election reporting period. A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period. The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule.

COLUMN I DUE DATE	COLUMN II  TYPE OF REPORT  (WHO FILES)	COLUMN III BEGINNING DATE OF PERIOD COVERED	COLUMN IV ENDING DATE OF PERIOD COVERED
Thursday, January 15, 2026	January semiannual  [FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$1,110 in contributions or expenditures for the reporting period)  [FORM GPAC] (all GPACs)  [FORM SPAC] (all SPACs)	July 1, 2025, <u>or</u> the date of campaign treasurer appointment, <u>or</u> the day after the date the last report ended.	December 31, 2025
Thursday, January 15, 2026	Annual report of unexpended contributions  [FORM C/OH-UC] (former candidates and former officeholders who have filed a final report and who retained unexpended contributions or assets purchased with contributions)	January 1, 2025, <u>or</u> the day after the date the final report was filed.	December 31, 2025