

Official Public Records of Harris County Diane Trautman County Clerk

Campaign Finance Report

OT HARRIE COUNTY

ce Trantman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

2019258

Received By Clerk:

7/15/2019

File Date:

July 15, 2019

Office:

County School Trustee, Position 7, At Large

Candidate:

Brown, David W.

Treasurer:

Anderson, Dominique R.

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

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 filed:						
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY				
NAME	NICKNAME LAST SUFFIX	Date Received				
;	Brown					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 750251 Houston Tx 77275					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 656-9477	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$				
NAME	Mr Dominique K NICKNAME LAST SUFFIX	Date Processed				
	Anderson	Date imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE				
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 523-0735					
		· <i>!</i>				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
·	July 15 . 8th day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month G	20 / 2019				
11 ELECTION	BLECTION DATE Month Day Year General Special ELECTION TYPE Other Description					
12 OFFICE	OFFICE HELD (II any) 13 OFFICE SOUGHT (II known Harris County At-Large, Posi	School Trustee tion 7				
GO TO PAGE 2						

Forms provided by Texas Ethics Commission (

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME D	avid Bro	iwn	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE VINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TO THESE.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMINTEE ADDITEDS	
		COMMITTEE CAMPAIGN TREASURER NAME .	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 256.78
	4. TOTAL	POLITICAL EXPENDITURES	\$ 406.78
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	*313.27
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ O
18 AFFIDAVIT			
	TENESHIA E. HU Notary Public, State Comm. Expires 02 Notary ID 1249	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
		Signature of Cal	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	N	16
Sworn to and subsci			this the
day of July	, 20	to certify which, witness my hand and seal of office	s.
Tenesto i Audo		TENESHINE. HUDSPETH	DEPUTY CLEEK
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAM	19 FILER NAME 20 Filer ID (Ethics Comm				
David '	Brown				
21 SCHEDULE NAME OF S			SUBTOTAL AMOUNT		
1. S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 700		
2. S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>O</i>		
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>\(\frac{1}{2} \)</i>		
4. S	SCHEDULE E: LOANS		\$ 0		
5. S	\$ ()				
6. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>O</i>		
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 406.78		
9 s	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ <i>O</i>		
10 s	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ <i>O</i>		
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0		
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) David Full name of contributor 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; \$\frac{3}{2}\$ City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

· · · · · · · · · · · · · · · · · · ·			
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$		
5 Date 6 Full name of contributor ut-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description		
7 Contributor address; City; State; Zip Cod	check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor. out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description de Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
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)	·		
	i		
$ ilde{\mathfrak{K}}$			
ATTACH ADDITIONAL COPIES OF T			

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SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ' ut-of-state PAC (ID#:_ 8 Amount In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date in-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge § description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job_title (See Instructions) Date Amount of out-of-state PAC (ID# In-kind contribution Full name of pledgor 5 Pledge \$ description Pledgor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor ut-of-state PAC (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

		```						
	The Instruction Guide explains how to complete this form.  1 Total pages Schedule E:							
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS		\$				
5	Date of loan	7 Name of lender : Out-of-state P	PAC (ID#:)	9 Loan Amount (\$)				
6	Is lender a financial Institution?	8 Lender address; City; S	itate; Zip Code	10 Interest rate				
	Y N	) ; 0		11 Maturity date				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	·				
14	Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
	not applicable	18 Guarantor address; City; S	state; Zip Code					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	401				
	Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)				
	Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate				
	Y N			Maturity date				
-	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Colla	ateral	Check if personal funds were of account (See Instructions)	deposited into political				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	not applicable							
	Principal Occupation	on (See Instructions)	Employer (See Instructions)					
		4,						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W  The Instruction Guide explains how to committee		Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	1			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) : : :	i <del>[</del> -	de of Texas. Complete Schedule T. X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date Amount (\$)	Payee name  Payee address; City; State; Zip Code		COPY		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		e of Texas. Complete Schedule T. X, officeholder living expense		
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				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	i <del></del>	le of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

#### **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
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Me Legal Services	emorials Expense	Printing Expense Printing Expense Salaries/Wages/		Travel In District Travel Out Of District Other (enter a categor	
Candidate/Officeriologi/Funica	Committee		tion Guide explai	_		Other (enter a categor	y not listed above)
1 Total pages Schedule F2:	2 FILER	<u> </u>	<u> </u>			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEN	1IZED UN	IPAID INCL	JRRED OBL	IGATIONS		\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;	City; State;	Zip Code	.,		
9 TYPE OF EXPENDITURE		Political		Non-Political			
PURPOSE OF EXPENDITURE	(a) Categ	Ory (See Categor	ies listed at the top of t	his schedule)		ion if travel outside of Texas. Comp if Austin, TX, officeholder li	
11 Complete ONLY if direct expenditure to benefit C/OF	Car	ndidate / Office	eholder name	Office	sought	Office he	eld
Date	Payee	name					7/\//
Amount (\$)	Payee	address;	City; State;	Zip Code			
TYPE OF EXPENDITURE		Political		Non-Political			
PURPOSE OF EXPENDITURE	Categ	Ory (See Categor	ies listed at the top of t	his schedule)		ion if travel outside of Texas. Comp : if Austin, TX, officeholder I	
Complete ONLY if direct expenditure to benefit C/Oh		ndidate / Office	eholder name	Office	sought	Office ho	eld .
						11 to State out	
		·. :					
	ATTA	CH ADDITIO	NAL COPIES	OF THIS SCHE	DULE AS NI	EEDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	T	he Instruction Guide explains how to complete this form.
2	FILER NAME	3 Filer-ID (Ethics Commission Filers)
_		
4	Date	5 Name of person from whom investment is purchased
		6 Address of person from whom investment is purchased; City; State; Zip Code
	,	7 Description of investment .
		apr.
		8 Amount of investment (\$)
	Date	Name of person from whom investment is purchased
		Address of person from whom investment is purchased; City; State; Zip Code
		Description of investment
		Secondarion investment
		Amount of investment (\$)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

14)

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### # EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fées Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) 10 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 11 Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code 'n TYPE OF **Political** Non-Political **EXPENDITURE** Description Category . (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E	Зv	Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politic		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			•	
		The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule G:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nan	ne		1
5 Amount (\$)	7 Payee add	lress; City; State; Z	p Code	·
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top of this so	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Payee nan	ne		
Amount (\$)	Payee add	Iress; City; State; Z	p Code	Con
political contributions intended	Category	See Categories listed at the top of this s	chedule) (b) Description	307
PURPOSE OF EXPENDITURE		\(\frac{1}{2}\)	Check if travel out	side of Texas. Complete Schedule T.  TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Payee nar	ne _i r.		
Amount (\$)	Payee add	ress; City; State; Z	ip Code	
Reimbursement from political contributions intended		•.		
PURPOSE OF EXPENDITURE	Category	See Categories listed at the lop of this s	Check if travel out	tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	:DED
		(\$) (\$)		

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

### SCHEDULE H

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Travel In District
Travel Out Of District
Travel Out of District

Contributions/Donations Made Candidate/Officeholder/Politi		Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	- ·	uide explains how to 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	(a) Category (See Categories listed at the	1 —	A A TO A TO A A A A A A A A A A A A A A
OF EXPENDITURE	er Par		utside of Texas, Complete Schedule T.  n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame Office sought	. Office held
Date	Business name	7	
Amount (\$)	Business address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na	me Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	ime Office sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS I	NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to complete this form.				
<b>1</b> Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name in				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code	·			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

	The Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER N	AME	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; State	; Zip Code	
	C Address of person from whom amount is received, City, City,	2.0 0000	
	7 Purpose for which amount is received Check it	f political contribution	returned to filer
	ja.		
Date	Name of person from whom amount is received	<b>&gt;</b>	Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check it		
	Check is	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check i	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check i	if political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

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

### SCHEDULE T

							<del></del>	
The Instruction Guide explains how to complete this form.						1 Total pages Schedule T:		
2	FILER NAME					3 Filer ID (Ethics Commis	sion Filers)	
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5	5 Contribution / Expenditure reported on: ;;							
	Schedule A2	Sched		Па	Па а.	Schedule D	Schedule F1	
		Sched	dule B	☐ Schedule B(J)	Schedule C2	Schedule D	Schedule Fi	
	Schedule F2	Schedule F4 Schedule G Schedule H				Schedule COH-UC	Schedule B-SS	
6	Dates of travel	7 Name of person(s) traveling						
		8 Departure city or name of departure location						
	9 Destination city or name of destination location							
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expenditure reported on:								
	Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel  Name of person(s) traveling  RECORDER'S MEMORANDUM:							DUM:	
	Departure city or name of departure location A					the time of recontinuon, this instrument was		
	reproduct					found to be inadequate for the best preproduction because of illegibility	oholographic v. carbon or	
		Destinati	on city or	name of destination loc	ation	photo copy, discolored paper, etc. / additions and changes were present the instrument was filed and recorder	All blockouts, nt at the time	
	Means of transportat	ion	Purpo	ose of travel (including r	name of conference	s, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledger / Pages								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
	Contribution / Expend	liture reported	on: 🔅					
	Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
_	Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel Name of person(s) traveling								
	Departure city or name of departure location							
	Destination city or name of destination location							
Section 5. Name of desimation location								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
	ivieans of transportat	ion	/ 1.			,		
	Means of transportat	ion	, urpo			,		

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