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 МІ OFFICE USE ONLY **OFFICEHOLDER** Jordan Mrs NAME Date Received NICKNAME LAST SUFFIX Wagner 4 CANDIDATE / APT / SUITE #: STATE: ADDRESS / PO BOX; CITY: ZIP CODE OFFICEHOLDER MAILING San Antonio TX, 78253 4523 Jesse Bowman **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (361) 463-7460 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURERMrs......Edith..... Date Processed NAME NICKNAME Date Imaged Morin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE; CAMPAIGN ZIP CODE TREASURER **ADDRESS** San Antonio TX 78253 4530 Amos Pollard (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (956) 648-3058 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 X 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 2023 THROUGH 26 2023 28 **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Day Year X General Special 2023 06 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Northside ISD Trustee 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	AC COL	ID (Ethics Commission Filers)
IS GIOH NAME	and the second s	in Tennes Commission Lifeta)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 105.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
, *A & b A y & * A & B V A ;] * V	4. TOTAL POLITICAL EXPENDITURES	\$ 896.46
CONTRIBUTION BALANCE	Total political contributions maintained as of the last day Of reporting period	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co juined to be reported by me under Title 15, Election Code.	rrect and includes all informat
	Jany &	
	Signature of Candidate	or Officeholder
•		
		•
	Please complete either option below:	
(1) Affidavit	Please complete either option below: LESLIE NICOLE PAMOS Notary Public, State of Texas 8 My Comm. Exp. 07-29-2024 ID No. 13259485-1	
NOTARY STAMP/SEA	LESIJE NICOLE RAMOS 3 Notary Public, State of Texas 3 My Comm. Exp. 07-29-2024 3 ID No. 13239485-1	
NOTARY STAMP/SEA	LESIJE NICOLE RAMOS 3 Notary Public, State of Texas 3 My Comm. Exp. 07-29-2024 3 ID No. 13239485-1	stew of AFX i
NOTARY STAMP/SEA	LESIJE NICOLE FAMOS Notary Public, State of Texas My Comm. Exp. 07-29-2024 ID No. 13259485-1 Defore me by Joseph Walter to the Be which, witness my hand and seal of office.	day of Axil
NOTARY STAMP/SEAL Sworn to and subscribed 20 33 top-stiffy	before me by Josdan Waaner this the 28 which, witness my hand and seal of office.	
NOTARY STAMP/SEAL	before me by Jos dan Wacyher this the 28 which, witness my hand and seal of office. Les Parce Range State of Texas My Comm. Exp. 07-29-2024 ID No. 13259485-1 before me by Jos dan Wacyher this the 28 which, witness my hand and seal of office. Les Parce State of Texas My Comm. Exp. 07-29-2024 ID No. 13259485-1 this the 28 mass my hand and seal of office among the seal of office redministering oath	
NOTARY STAMP / SEA) Sworm to and subscribed 20 23 top-criting Signature of officer administer	before me by Josedan Wacyher this the 26 which, witness my hand and seal of office. LESLIE NICOLE RAMCS have a long the state of Texas have considered as the state of Texas have considered as the state of Texas have a long that have a long tha	
NOTARY STAMP/SEA	before me by Joselan Warner this the 26 which, witness my hand and seal of office. Less & Rams ring oath Printed neme of officer administering oath on	
NOTARY STAMP/SEA) Sworn to and subscribed 20 23 to certify Signature of officer administer (2) Unsworn Declaration My name is	before me by Josefan Wacyher this the 28 which, witness my hand and seal of office. Printed name of officer administering oath On and my date of blith is	
NOTARY STAMP / SEA) Sworm to and subscribed 20 23 top-criting Signature of officer administer	before me by Joselan Wachter this the 26 which, witness my hand and seal of office. Yes a Response to the seal of office administering oath Printed name of officer administering oath on (street) (city) (state)	day of Artil Title of officer administering one (Zip code) (country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Jordan Wagner	20 Filer ID (Ethics Commissi	on Filers)
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	205.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2813.16
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	. \$	
4.	SCHEDULE E: LOANS	\$	
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8	96.46
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	JNDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$	
12,	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:			
2 FILER NAME	: Jordan Wagner		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)			
	Elizabeth Shanks					
	6 Contributor address; City;	State; Zip Code	\$50			
	12850 Sabinal River San Antor	nio TX 78253				
8 Principal occ	upation / Job title (See instructions)	ions)				
Date	Full name of contributor	IO#:)	Amount of contribution (\$)			
	Edith Morin		• •			
	Contributor address; City;	State; Zip Code	\$50			
	4530 Amos Pollard San Antonio					
Principal occupation / Job title (See Instructions) Employer (See Instruc			ions)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)			
	Florence Blice	• • • • • • • • • • • • • • • • • • • •				
	Contributor address; City;	State; Zip Code	\$5			
	12722 Cedar Fly San Antonio	TX 78253				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zlp Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
			•			
			A THE PARK WHITE SHEET S			
	ATTACH ADDITIONAL COPIES OF	- , ,				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:			
2 FILER NAMI Jorda	≡ an Wagner		3 Flier ID (Ethics Co	mmission Filers)			
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$				
5 Date	6 Full name of contributor	8 Amount of Contribution \$	9 In-kind contribution description				
7 Contributor address; City; State; Zip Code			2738.16	l Mailers I			
	6502 Bandera Road-Suite 202 San Antonio		Check if travel outsi	de of Texas, Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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 Contribution \$	In-kind contribution description			
4/1/2023	Contributor address; City; State;	Zip Code	\$75.00	l Sign			
	12102 Arroyo Spring San Antonio TX 7825	3	Check if travel outs	I de of Texas, Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
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•							
				•			
	ATTACH ADDITIONAL COPIES OF 1			g requirements.			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Gulde explains how to complete this	form.	1 Total pages Sched	ule B:		
FILER NAME	FILER NAME			3 Filer ID (Ethics Commission Filers)		
TOTAL OF	UNITEMIZED PLEDGES		\$			
Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description		
	7 Pledgor address; Clty; Sta					
			Check if travel outsi	de of Texas, Complete Schedule		
Principal occi	upation / Job title (See Instructions)	11 Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; Sta	ite; Zip Code				
	·		Check if travel outsi	i. de of Texas. Complete Schedule		
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; Sta	ite; Zip Code	•			
			Check if travel outsi	de of Texas. Complete Schedule		
Principal occu	ipation / 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;	Zlp Code				
			Check if travel outs	l de of Texas. Complete Schedule		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
			######################################	(1874-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
		v				

LOANS SCHEDULE E

	, ,		
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;		10 Interest rate
ΥN			11 Maturity date
12 Principal occupat	l. ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zlp Code	
20 Principal Occupa	ntion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	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			
Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see ins	IES OF THIS SCHEDULE AS NE struction guide for additional re	

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
Condidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wees/Contract Labor

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

Contributions/Donations Made B: Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of Distri Other (enter a categ	ct ory not listed above)
Oledit Card Paymont	The Instruction Guide explain	s how to complete this form.		
Total pages Schedule F1:	2 FILER NAME	**************************************	3 Filer ID (Ethic	s Commission Filers)
	Jordan Wagner			
4 Date	5 Payee name	** ***********************************	-L.,	
	Alamo Mailing Company			
6 Amount (\$)	7 Payee address;	City;	State;	Zìp Code
, , , , , , , , , , , , , , , , , , , ,		5.0,		Lip dodd
349.80	13114 LOOKOUT RUN SAN ANTONIO TX 78233			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE	P	Dantana	£ !!	
OF EXPENDITURE	Postage	Postage	for mailers	
EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Sc	check if Aus	tln, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Jordan Wagner	Northside IS	D Trustee	
Data	Payee name			
Date	rayee name			
4/26/2023	Prestige Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
546.66	8 Burwood lane			
540.00	San Antonio TX 78218			
	Category (See Categories listed at the top of this se	chedule) Description		
nunnoer		·		
PURPOSE OF	Advertising	Mailers		
EXPENDITURE	_			
	Check if travel outside of Texas, Complete So	hedule T, Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Jordan Wagner	Northside ISD Tr	rustee	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Date	Payee name	•		
Amount (\$)	Payee address;	City;	State;	Zip Code
	<u>.</u>			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Category (See Categories listed at the top of this so	chedule) Description		
	Care Box A. Toos care Antias ilsten at the rob til tills so	meaner Legoniphon		
DIIDBOOK!	•			
PURPOSE		1		
OF EXPENDITURE				
OF	Check if travel outside of Texas, Complete Sc	hedule T. Check if Aus	tin, TX, officeholder livin	g expense
OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		tin, TX, officeholder livin	
OF	Candidate / Officeholder name	hedule T. Check if Aus Office sought	tin, TX, officeholder livin	g expanse Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATE	GORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Glft/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		ns how to complete this form.			
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Fliers)		
4 TOTAL OF UNITER	I 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 Calegories listed at the top of this				
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 Calegories listed at the top of this	s schedule) Description			
	Check if travel outside of Texas, Complete	Schedule T. Check if A	ustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	E	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	
	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; Cit	
	Description of investment	·
	Amount of Investment (\$)	
		-
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURE CAT	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	F y G	ivent Expense iees iood/Beverage Expense bilt/Awards/Memortals Expense egal Services The Instruction Guido exp	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	rment & Related Expense
1 Total pages Schedule F4:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
Jordan Wagner						
4 TOTAL OF UNITEM	IZED EXPE	NDITURES CHARGE	EDTOACR	EDIT CARD	\$	
5 Date	6 Payee na Alam	me o Mailing Company				
7 Amount (\$)	8 Payee ad	dress;		City;	State;	Zlp Code
\$349.80		LOOKOUT RUN NTONIO TX 78233				
9 TYPE OF EXPENDITURE	X Pol	itiçal	Non-Pal	itical		
10	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Po	stage		Postage E	Expense	
	(c) o	heck if travel outside of Texas. Comp	lete Schedule T.	Check if Au	stin, TX, officaholder ilvin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candid	late / Officeholder name	Of	fice sought	Office h	eld
Date	Payee na	me				
	Prestig	e Printing				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
,		ood Lane onio TX 78216				
TYPE OF EXPENDITURE	X Pol	itical	Non-Po	litical		
	Category (See Categories listed at the top of	this schedule)	Description	. ,	
PURPOSE OF EXPENDITURE	Advert	ising		Mailer	s	
	c	heck if Iravel outside of Texas. Comp	iete Schedule T,	Check if Au	ustin, TX, officeholder livir	ng expense
One folia ONITY is altered	Candio	late / Officeholder name	O ₁	fice sought	Office h	neld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Jorda	an Wagner	Nor	thside ISD Trus	tee	
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

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) Event Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethles Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) 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 Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended 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 Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Craft Card Payment

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

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

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Ical Committee Legal Services	Printing Expense Salarles/Wages/Contract Labor ns how to complete this form,	Travel Out Of District Other (enter a category not listed above)
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 so	(b) Description	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zlp Code
	Cotogon (Co. Cotogon III and I	Description	
PURPOSE OF EXPENDITURE	Category (See Catagories listed at the top of this so	hedule) Description	
EXPERIME	Check If trave outside of Texas, Complete Sch	edule T. Check if Austin,	TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description	
	Check if travel outside of Texas. Complete Sch	edule T. Check If Austin,	TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

	· · · · · · · · · · · · · · · · · · ·				
	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethles 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 required.)	Instructions regar	ding type of	information
Date	Payee name			harden	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City	A. A	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zlp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions regar	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

SCHEDULE K

The	dule K:					
2 FILER NAME		3 Filer ID (Ethics	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; Stat	te; Zip Code	,			
	7 Purpose for which amount is received Check if a	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	ate; 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; 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						

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

SCHEDULE T

ii ille requesteu	miormation	is not ap	plicable, DO NO I	include this page	in the report.				
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	1 Total pages Schedule T:			
2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
4 Name of Contribute	ibutor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expe	5 Contribution / Expenditure reported on:								
Schedule A		iedule B	Schedule B(J)	Schedule C2	Schedule D	Cobodulo Et			
Schedule F		nedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule F1 Schedule B-SS			
6 Dates of travel	7 Name of person(s) traveling								
	8 Departure city or name of departure location								
	9 Destina	9 Destination city or name of destination location							
10 Magne of transport	otlon	44 Diverse	an of travel (in alcolin						
10 Means of transportation									
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
Contribution / Expe	nditure reporte	d on:							
Schedule A	2 Sch	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F	2 Sof	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Name o	of person(s	traveling						
•	Departure city or name of departure location								
	Destina	tion city or	name of destination l	ocation		· · · · · · · · · · · · · · · · · · ·			
Means of transport	l ation	Purpo	ose of travel (including	g name of conference,	seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
Contribution / Expe	nditure reporte	d on:							
Schedule A2	Sched	ule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Sched	ule F4 [Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Dates of travel Name of person(s) traveling								
	Departure city or name of departure location								
Destination city or name of destination location									
Means of transport	ation	Purpo	se of travel (including	g name of conference,	seminar, or other event)	74-74-7-1-1-1-1-1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
	А	FINOUN	JUITIONAL GOPIE	OF THIS SCHEDUL	.c as needed				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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		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	JAME 2 Filer ID (Ethics Commission Filers)						
3	SIGNA	TURE						
-	designa	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature of Candidate / Officeholder						
4		R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> 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 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 filling 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,						
	В.	ASSETS						
	Check	conty 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						
5		EHOLDER plete 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.						
		Signature of Officeholder						