	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction G	Suide explains how to complete this form.	a) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Michael MI James Michael	OFFICE USE ONLY			
NAME	NICKNAME LAST SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	address / PO BOX. APT / SUITE #; CITY. STATE; ZIP CODE 2715 S.W. Loth Ave Amarillo Tx 79/04				
Change of Address		CITY SECRETARYS CITY OF AMARILLO			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (804) 6774543	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Chip	Receipt # Amount \$			
NAME	NICKNAME LAST SUFFIX	Date Processed			
	HUNT	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY 2715 S.W. Let ave amarillo IX 7	7910 4 ^{STATE; ZIP CODE}			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 206.1215				
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Sth day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month 03/23/2021 THROUGH	Day Year 22/2021			
11 ELECTION	ELECTION DATE	PE			
	Month Day Year Primary Runoff Other 05 01 2021 X General Special				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know May				
GO TO PAGE 2					

Forms provided by Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 CIOH NAME Hunt, -	James Mi	chae 15	Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME						
Additional Pages								
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
17 CONTRIBUTION		UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	\$ 1 01500					
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 6,01500					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$							
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$								
	4. TOTAL POLITICAL EXPENDITURES \$ 54/3 03							
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD							
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T DAY OF THE REPORTING PERIOD	THE S					
18 AFFIDAVIT								
Notary Notary	ANCES HIBBS Public, State of tary ID #223395 on Expires 08-19	Texas	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder					
AFFIX NOTARY STA	MP/SEALABOVE	(a.1)						
Sworn to and subs	cribed before me	by the said Michael Hut	this the3					
day of	, 20	, to certify which, witness my hand and seal of office.						
France	> Holos	Printed name of officer administering oath	Http: Sectretten Title of officer administering oath					
Signature of officer	administering oath	Thirted harre of other datametering same						

Forms provided by Texas Ethics Commission

Revised 1/1/2020

SUBTOTALS - C/OH

FORM C/OH \sim

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19 FILER NAME

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11.

12.

			COVERS	SHEET PG 3
19	FILER NA	ME	20 Filer ID (Ethics Co	mmission Filers)
21		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	\boxtimes	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5.01500
2.	\boxtimes	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 000 00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		s
4.				\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	s 64/3:00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	S
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	S

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

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

TO FILER

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

MONETARY POLITICAL CONTRIBUTIONS	MONETARY	POLITICAL	CONTRIBUTIONS
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		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/21	 5 Full name of contributorout-of-state PAC (ID#) CRaig E Gualtiere 6 Contributor address: City; State: Zip Code 	7 Amount of contribution (\$) $\frac{1}{2}/000^{22}$
	4822 Marika Cir Amarillo Ix 74184	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/28/21	Full name of contributor Dout-of-state PAC (ID#) Kenneth Risley Contributor address; City: State: Zip Code 8145, Tennessee Amari IIo TX 79106	Amount of contribution (\$) $\cancel{F} 20.00$
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/31	Full name of contributor [] out-of-state PAC (ID#:) Stan Ha // Contributor address: City: State. Zip Code 2472 Santa CRuz LN Odessa TX 79763	\$ 2500
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/29/21	Full name of contributor Chip & Michael HW + Contributor address: City: State: Zip Code	Amount of contribution (S) 52800^{00}
Principal occu	JOH SUNSETTER AMARINO IX 79/06 Ipation / Job title (See Instructions) Employer (See Instruc-	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

ONETARY POLITICAL CONTRIBUTIONS

$\frac{1}{3} \frac{1}{21} \begin{bmatrix} Full name of contributor \\ \hline m_1 : chael Bass \\ G Contributor address: City: State: Zip Code \\ \hline m_2 : chaed i e CH Amaki II Tx 75105 \\ \hline m_3 : chael Bass \\ G Contributor address: City: State: Zip Code \\ \hline m_2 : contributor difference instructions) \\ \hline g Employer (See Instructions) \\ \hline g = mployer (See Instructio$						
$\frac{1}{3} \frac{1}{3} \frac{1}$		1 Total pages Schedule A1:	form.	v to complete this	Instruction Guide explains how	The
$\frac{3}{37/21} \begin{bmatrix} Michael Bass \\ 6 Contributor address: City: State: Zip Code \\ 2719 Savdie (4 Amarill Tx 75105) \\ 2 Employer (See Instructions) \\ 9 Employer (See Instructions) \\ 9 Employer (See Instructions) \\ 3 \\ 3 \\ 3 \\ 2 \\ 2 \\ 3 \\ 2 \\ 2 \\ 2 \\ 2$	Filers)	3 Filer ID (Ethics Commission File				R NAME
$3/3/21$ Full name of contributor $0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Barbarc-Aplin State: Zip Code State: Zip Code (a)1/R_ixecton St Aamarill Tx 79106 ipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 Full name of contributor 0ut \cdot of \cdot state PAC (IDH:) Amount of contribution ($) 3/3/21 $	250.4	\$2	State; Zip Code	S City;	Michael Bass 6 Contributor address:	127/2J
$\frac{3}{3} \frac{3}{3} \frac{3}$		ons)	9 Employer (See Instructi		upation / Job title (See Instructions)	cipal occu
Image: pair occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (S) $431/21$ Gateway Charlech 57 Contributor address: City: State: Zip Code 5416 Jumas DR Amari IIo Tx 78108 Sipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (S) Full name of contributor $41/5/21$ Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (S) $41/5/21$ Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (S) $41/5/21$ Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (S) $41/5/21$ Tome Kaleer Malor R $51/5$ $51/5$ $21/5$ Tyler Amari IIo Tx 79/02) 52500	Amount of contribution (\$)	State: Zip Code	City;	Barbara aplin Contributor address;	
31/21 Gateway Charkch Contributor address: 57. State: Zip Code 5416 Jumas DR Anarillo Tx 78.108 Sipal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (S) 41/5/21 Tomet Kalen Malone \$1/5 21/5.721 Contributor address: City: State: 21/5.721 Tyler A marillo Tx 79.102		ons)				
ipal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Amount of contribution (S) 1/5/21 Tomet Kaken Malone \$15 Contributor address: City: State: Zip Code 21/5. Ty/er A marillo Tx	5) 70 <u>00</u>	Amount of contribution (S) $f 7$	State; Zip Code	City:	Gateway Charles	31/21
1/5/21 Tomé Kaken Malone Contributor address: City: State: Zip Code 2115. Tyler Amarillo Tx 79/02		ons)			5416 Jumas DR upation / Job title (See Instructions)	ipal occu
	6) 150 - 2			one	Tome Kaken Mal	H5/21
cipal occupation / Job title/(See Instructions) Employer (See Instructions)		ions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

FARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
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Amount of contribution (\$) $\ddagger 252$
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 3/27/21 4/22/21	6 Full name of contributor □ out-of-state PAC (ID# A: A: D: For Ton Warre 7 Contributor address; City: State; 16205. Contributor Agae: 10 Tr	N Zip Code 79102	8 Amount of Contribution s 1000 29 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor [] out-of-state PAC (ID#)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal oco	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	ator's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

PLEDGED CONTRIBUTIONS

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule	e B:
2 FILER NAME			3 Filer ID (Ethics Cor	nmission 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. St		· · ·	
			Check if travel outside	e of Texas. Complete Schedule T.
10 Principal occu	apation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of Pledge S	In-kind contribution description
	Pledgor address, City, S	tate: Zip Code	· · · ·	
			Check if travel outside	e 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: S	ate: Zip Code		
			Check if travel outside	e of Texas. Complete Schedule T.
Principat occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgorout-of-state PAC (ID#)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat			•
			Check if travel outsid	le of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
11	ATTACH ADDITIONAL COPIEs			requirements.

SCHEDULE E

The	Instruction Guide explains how to compl	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 f	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate 11 Maturity date	
Y N			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	L	19 Amount Guaranteed (\$)
	18 Guarantor address: City:	State: Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City:	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If L	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE	
""	entres la par-or-state i rio, piedae ace in	energies gener for additional fi	

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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explai	Argent/Reinbursement Solicitation/Fundraising Expense tribead/Rental Expense Transportation Equipment & Related Expense pense Travel In District travel Out Of District Vages/Contract Labor Other (enter a category not listed above)					
						.		
1 Total pages Schedule F1:	2 FILER NA HUN	Tames Michael			3 Filer ID (Ethic	s Commission Filers)		
4 Date 2 - 27 - 21 -	5 Payee na Portra	me						
6 Amount (S)	7 Pavee ad	dress:	<u></u>	City:	State;	Zip Code		
15000	3211.	5. W. 4 th Que		Ararillo	Tx	79106		
8 PURPOSE OF	(a) Category Adver	y (See Categories listed at the top of thi すごじり	s schedule)	(b) Description Pus	h Cards/Wal	spage		
EXPENDITURE								
	(c)	Check if travel outside of Texas. Complete	Schedule T	Check if Aust	in, TX, officeholder livin	g expense		
9 Complete ONLY if direct		ate / Officeholder name		Office sought		Office held		
expenditure to benefit C/O+	Hunt, James Michael -			Mayol	د			
Date	Payee na	me		/				
3/27/21	ANE	DOT						
Amount (\$) 10.30	Payee ac	Hilton Ave #104	•	Baton Roug	State: 20 La	Zip Code 78808		
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		Check if travel outside of Texas. Complete	Schedule T	Check if Aust	in, TX, officeholder livin	g expense		
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held		
expenditure to benefit C/OH	Hunt	, James Micha	e	Mayo	n			
Date 3/24/21	Payee na C \$	B Printing						
Amount (\$)	Payee ac	ldress.		City:	State:	Zip Code		
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PURPOSE OF EXPENDITURE	A	duertizing		Prus	cards			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

OLITICAL EXPENDITURES MADE ROM POLITICAL CONTRIBUTIONS

SCHEDULE	F	1
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	EXPENDITURE CATEGORIES FOR BOX 8(a)								
			Solicitation/Fundraisi						
sing Expense ng/Banking		an Repayment/Reimbursement ice Overhead/Rental Expense		ment & Related Expense					
ng Expense		lling Expense nting Expense	Travel In District Travel Out Of District						
tions/Donations Made By ate/Officeholder/Political		laries/Wages/Contract Labor	Other (enter a catego						
d Payment	The Instruction Guide explains ho	ow to complete this form.							
Cabadula Et.	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)					
pages Schedule F1:	HANT, Jares Michael								
3/31/21	5 Payee name Awedot								
unt (\$)	7 Payee address;	City:	State;	Zip Code					
\$1.30	5555 Hilton Ave # 104	Baton Rouge	, La	70808					
	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	, ,	OL					
PURPOSE OF PENDITURE	Fee	Fees	for online	Tay and					
	(c) Check if travel outside of Texas. Complete Sched	ule T Check if Aus	tin, TX, officeholder living	g expense					
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unt (\$)	Payee address;	City;	State:	Zip Code					
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PURPOSE OF XPENDITURE	Accounting Fee	Bani	k Service	(hange					
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ount (S)	Payee address;	City:	State:	Zip Code					
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I total pages Schedule Ft: 2 FILER NAME 4 Date Flaw f. Janes Michael 7 Date Analy f. Janes Michael 8 Anount (S) 7 Payee address: 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Conditate / Officeholder name 9 Complete DNLY if direct Category (See Categores Stated at the top of the schedule) 9 Complete DNLY if direct Category (See Categores Stated at the top of the schedule) Coecription 9 Complete DNLY if direct Category (See Categores Stated at the top of the schedule) Coecription 9 Complete DNLY if direct Category (See Categores St	Advertising Expense Accounting/Banking Consulting Expense Centributions/Donations Made By C.andidate/Officeholder/Political Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Transportation Equipment of the
State (b) Ame (c) Prove address: City: State. State. art 94.4 6 Amount (s) P ayee address: Amount (s) P ayee address: Amount (s) Tx 7 94.4 8 (a) Category (See Categories issued at the top of the schedule) (b) Description We b 9 Complete DNX if direct Candidate / Officeholder name Office sought Office neid 9 Complete DNX if direct Candidate / Officeholder name Office sought Office neid 0ate State,	Total pages Schedule F1: 2		
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Date Payee name Mustang Strategies Amount (\$) Payee address: State: Zip Co. \$\frac{1}{9}\overline{0} or or overline 87455 Gary Burns Dr#1/60 Friston Tx 750 \$\frac{1}{9}\overline{0} or overline 87455 Gary Burns Dr#1/60 Friston Tx 750 \$\frac{1}{9}\overline{0} or overline Category (See Categories listed at the top of this schedule) Description Social Medic Marage \$\overline{0}\overline\overline{0}\overline{0}\overlin{0}\overline{0}\overl	Develop ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule 4 Office sought	Office held
TYGOD Category (see Categories listed at the top of this schedule) Description Medici M	3/23/21	Payee name Mustang Strategies	State; Zip Code T X 7503
EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if dustin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office holder inving expense Date Huwt, James Michael Mayon Jate Payee name Mayon J/2/ Payee address; State: Zip Armount (S) Payee address; State: Zip J. 3O Category (See Categories listed at the top of this schedule) Description PURPOSE Fees Fee for On Lini Payee OF Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Category (See Categories listed at the top of this schedule) Description Fee for On Lini Page Fee for On Lini Page Page Complete QNLY if direct Candidate / Officeholder name Office sought Office Complete QNLY if direct Candidate / Officeholder name Office sought Office	\$900°°	Category (See Categories listed at the top of this schedule) Description	al medie Maragen
Complete QNLY if direct Huwt, James Michae Mayon Date Payee name A Ne Do t Jail / 21 Payee address; City: State; Zip Amount (S) Payee address; It for the top of this schedule) Batom Rouge La 70 1.30 S555 Hill for Hue #Ibb Batom Rouge La 70 Purpose Category (See Categories listed at the top of this schedule) Description Fep for On Line Payee PURPOSE Fees Image for On Line Payee Image for On Line Payee Image for On Line Payee OF EXPENDITURE Category (See Categories listed of Texas. Complete Schedule T. Image for On Line Payee Complete ONLY if direct Complete ONLY if direct Candidate / Officeholder name Office sought Office	OF	Check if travel outside of Texas. Complete Schedule T. Check	Office held
3/3/2/ Payee address:	expenditure to benefit C	Hunt, James Michael Ma	Y01
7.30 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Fee for Online Payme 0 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living experiments Complete QNLY if direct Candidate / Officeholder name Office sought	3/31/21	ANEDOT	State: Zip Ci Rouge La 708
PURPOSE OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living experiments Complete QNLY if direct Candidate / Officeholder name Office sought	1	Category (See Categories listed at the top of this schedule) Descrip	stion on line Payment
Complete ONLY if direct	OF	Check if travel outside of Texas. Complete Schedule T.	heck if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Complete <u>ONLY</u> if d expenditure to bene		E AS NEEDED

Forms provided by Texas Ethics Commission

WW

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDIT	URE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services		Office Ove Polling Exp Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction	Guide explain	is how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME	Micha	e [3 Filer ID (Ethic	s Commission Filers)
4 Date 4/22/21	5 Payee na	ah Daw				.	
6 Amount (\$)	7 Payee ac	ldress:			City:	State	Zip Code
\$2500	1620.	5 John	SON		Ararill	0 Tx	79102
8	(a) Categor	y (See Categories liste	ed at the top of this	schedule)	(b) Description	b creater	
PURPOSE OF EXPENDITURE	Ac	V			U e	b creater	_
	(c)	Check if travel outside o	f Texas. Complete S	ichedule T	Check if Austi	in, TX. officeholder livir	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		tate / Officeholder	•	Q	Office sought		Office held
Date 3/23/21	Payee na	· · · · · · · · · · · · · · · · · · ·					
Amount (S)	Payee ad P.O. K	dress. 30X 295	-		City: Amarill	o T _X	Zip Code 19/05
PURPOSE OF EXPENDITURE		(See Categories liste /c Rtizi Ne	d at the top of this :	schedule)	Description Digita	al /Print	A] /
		Check if travel outside c	of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder		,	Office sought		Office held
	/1AN	i, Jame	s ruch	iae/	///@	Yø1	
Date 4/16/21	Payee n	ame 594aRC	Medi	a			
Amount (\$)	Payee a	ddress;			City:	State:	Zip Code
\$60000	4214	W. 34	<u>+</u> k		Arak.	·110 Tx	75/05
	Categor	y (See Categories liste	ed at the top of this	scheduie)	Description	1.	
PURPOSE OF EXPENDITURE		Advert	tizing	;	Rad	lio	
		Check if travel outside	of Texas. Complete	Schedule T	Check if Aus	tin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholde	er name		Office sought		Office held
	A	TACH ADDITIO	NAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

Forms provided by Texas Ethics Commission

SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED 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 occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	- Lu <u></u>
14 Description of Col	lateral	15 Check if personal fun account (See Instruct	nds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable 20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#)	Loan Amount (S)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	lateral	Check if personal fur	nds were deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address: City:	State: Zip Code	
not applicable			
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In:	PIES OF THIS SCHEDULE AS NEI	
	······ ·······························	bildetten guide tet deathettet te	porting requirements.

UNPAID INC	URRED OBLIGATIO	NS	SCHEDULE F2
	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 By Gift/Awards/Memorials Expense al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER		IGATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address:	City:	State: Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
	(C) Check if travel outside of Texas. Complete	Schedule T Check if Aus	tin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City;	State: Zip Code
TYPE OF EXPENDITURE	Political [Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	nis schedule) Description	
	Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, 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	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Addition () Examines Expression () Examines Expression () Examines Expression () Examines Expression () Exp	EXPENDITU	JRES MADE BY (CREDIT CARD	SCHEDULE F4
Accounting Standard Expense Construction of Construction of Construction Construction of Construction of Construction Construction of Construction Construction of Construction Construction of Construction Construction of Construction Construction of Construction Constru		EXPENDITURE	CATEGORIES FOR BOX 10(a)	
1 Total Dages 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 \$ 7 Amount (5) 8 Payee address. City: State: Zip Code 9 TYPE OF EXPENDITURE Political Non-Political (b) Description 9 TYPE OF EXPENDITURE (c) Category (See Categories Stredule 1 feess Categories Stredule 1 Check if Austin, TX, efficiender living sperive 10 (c) Creek frame stredule 1 feess Categories Stredule 1 Check if Austin, TX, efficiender living sperive 11 Candidate / Officeholder name Office sought Office held 0ate Payee name Category (See Categories lides at the top of this schedule) Office held 0ate Payee name Category (See Categories lides at the top of this schedule 1 Office held 0ate Payee name Category (See Categories lides at the top of this schedule 1 Office held 0ate Payee address City: State: Zip Code 10 Category (See Categories lides at the top of this schedu	Accounting/Banking Consulting Expense Contributions/Donations Made E	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
5 Date 6 Payee name 7 Amount (5) 8 Payee address. City. State: Zip Code 9 TYPE OF EXPENDITURE Political Non-Political (1) 10 PURPOSE EXPENDITURE (a) Category (See Categores taxe at the top of this schedule) (b) Description 9 EXPENDITURE (a) Category (See Categores taxe at the top of this schedule) (b) Description 10 PURPOSE EXPENDITURE (c) Cresk fravelouts/de of texas Complete Schedule T Creak if Austin, TX, officeholder iverg expense 11 Complete Obly if direct expenditure to benefit COM Candidate / Officeholder name Office sought Office held Date Payee name Category (See Categores taxed at the top of the schedule) Description City: State: Zip Code TYPE OF EXPENDITURE Payee name Category (See Categores taxed at the top of the schedule) Description City: State: Zip Code PURPOSE EXPENDITURE Category (See Categores taxed at the top of the schedule) Description Complete Schedule T Check if Austin, TX, officeholder turng expense Complete ONLY if direct expenditure to benefit CiOH Category (See Categores taxed at the top of the schedule) Description Complete Schedule T Check if Austin, TX, officeholder turng	1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)
7 Amount (S) 8 Payee address: City; State: Zip Code 9 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories Stated at the top of this schedule) (b) Description PURPOSE EXPENDITURE (a) Category (See Categories Stated at the top of this schedule) (b) Description 11 Candidate / Officeholder name Office sought Office held Complete QNLY if direct Candidate / Officeholder name Office sought Office held Date Payee address. City: State: Zip Code Amount (S) Payee address. City: State: Zip Code PURPOSE Payee address. City: State: Zip Code Complete QNLY if direct Category (See Categories isted at the top of this schedule) Description PURPOSE Category (See Categories isted at the top of this schedule) Description Complete QNLY if direct Category (See Categories isted at the top of this schedule) Description Complete QNLY if direct Category (See Categories isted at the top of this schedule) Description Complete QNLY if direct	4 TOTAL OF UNITEN	IIZED EXPENDITURES CHAI	RGED TO A CREDIT CARD	\$
9 TYPE OF EXPENDITURE Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categores listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (b) Category (See Categores listed at the top of this schedule) (b) Description 10 (b) Category (See Categores listed at the top of this schedule) (b) Description 11 Candidate / Officeholder name Office sought Office held 20ate Payee name Candidate / Officeholder schedule) Date Date Payee address: City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categores listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categores listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Categories listed at the top of this schedule 1. Complete QNLY if direct expenditure to benefit COH Categories listed at the top of this schedule 1. Check if Austin, TX, officeholder living essense Complete QNLY if direct expenditure to benefit COH Categories listed at the top of the schedule 1. Check if Austin, TX, officeholder living essense	5 Date	6 Payee name		
EXPENDITURE Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 11 (c) Ortex.if rave outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Date Payee name City: State: Zip Code TYPE OF EXPENDITURE Payee address. City: State: Zip Code PURPOSE EXPENDITURE Political Non-Political City: State: Zip Code PURPOSE EXPENDITURE Category (See Categories listed at the top of this schedule) Description City: State: Zip Code PURPOSE EXPENDITURE Category (See Categories listed at the top of this schedule) Description City: <	7 Amount (\$)	8 Payee address;	City;	State: Zip Code
PURPOSE OF EXPENDITURE (c) Cneck if aveloussde of Texas Complete Schedule T Check if Austin, TX, officeholder Iwing expense 11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name City: State: Zip Code Amount (S) Payee address. City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political	- ITPE OF	Political	Non-Political	
Complete QNLY if direct expenditure to benefit C/OH Payee name Date Payee name Amount (\$) Payee address. City: State: Zip Code TYPE OF EXPENDITURE Political PURPOSE OF EXPENDITURE Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Category (See Categores listed at the top of this schedule) Description Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH City officeholder name Office sought Office held	PURPOSE			ustin, TX, officeholder living expense
Date Amount (S) Payee address: City: State: Zip Code TYPE OF	Complete ONLY if direct	Candidate / Officeholder na	ame Office sought	Office held
TYPE OF Political Non-Political PURPOSE Category (See Categores listed at the top of this schedule) Description PURPOSE Category (See Categores listed at the top of this schedule) Description Complete OF Check if raveloutside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name		
EXPENDITURE Political Non-Political PURPOSE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if traveloutside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (S)	Payee address:	City:	State: Zip Code
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 Office held		Political	Non-Political	
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	OF	Category (See Categories listed at the	e top of this schedule) Description	
Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas	Complete Schedule T. Check if A	Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Candidate / Officeholder n	ame Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
		ATTACH ADDITIONAL CO	PPIES OF THIS SCHEDULE AS N	EEDED Revised 1/1/202

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Credit Card Payment Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above)							ent & Related Expense y not listed above)
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethics)	Commission Filers)
4 Date	5 Payee nar	ne			···		
6 Amount (S) Reimbursement from political contributions	7 Payee ad	dress.			City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this	schedule)	(b) De	scription		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name			Office s		, TX, officeholder living ex	xpense Office held
Date	Payee na	me					
Amount (S) Reimbursement from political contributions intended	Payee ad	ldress:			City:	State	Zip Code
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed at the top of this	s schedule)	De	escription		
		Check if travel outside of Texas Complete	Schedule T		Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office s	sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ac	ldress;			City;	State	Zip Code
Reimbursement from political contributions intended				1			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of thi	s schedule)	De	escription		
		Check if travel outside of Texas. Complete	Schedule T		Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office	sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDL	JLE AS NEED)ED	

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

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/Memonals Expense Legal Services The Instruction Guide explain	es Office Overhead/Rental Expense od/Beverage Expense Polling Expense t/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER NA	AME			3 Filer ID (Ethic	s 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) Descript			(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T Check			Check if Austin,	if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		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 sch	nedule)	Description			
	Check if ravel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense					expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		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 sc	hedule)	Description			
	Check if travel outside of Texas Complete Schedule T			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE H

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

1		nplete this form.			
Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers
Date	5 Payee name	I			
Amount (\$)	7 Payee address:	City		State	Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)	(b) Description (See required)	instructions regar	rding 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 instructions regarding type of information required.)			
Date	Payee name				
Amount (S)	Payee address:	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories) Categories) Description (See instructions regarding type of i required)			finformation	
Date	Payee name		. <u></u>		
Amount (S)	Payee address;	City		State	Zip Code
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions rega	arding type o	f information

	REST, CREDITS, GAINS, REFUNDS, A TRIBUTIONS RETURNED TO FILER	ND	SCHEDULE K
	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NA	ME	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received	d	8 Amount (\$)
	6 Address of person from whom amount is received: City: Sta		
	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; St	ate: 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: Sta		
	Purpose for which amount is received Check if	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City: St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EASNEEDED	

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

SCHEDULE T

							
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expendi	ture reported	on:					
	<u> </u>						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6 Dates of travel	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 / Expend	iture reported	on:		<u> </u>			
Schedule A2	_			Schedule C2			
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel							
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportati	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	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							