



Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

201897

Received By Clerk:

1/16/2018

File Date:

January 16, 2018

Office:

Commissioner Pct. 4

Candidate:

Shaw, Penny

Treasurer:

Morrison, Mary L.

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 G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST PENNY NICKNAME LAST	MI	OFFICE USE ONLY Date Received
	SHAW		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: PO BOX 925652 HOUSTON TX 7720	CITY; STATE; ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 493	extension 4688	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MARY NICKNAME LAST	MI L	Receipt # Amount \$ Date Processed Date imaged
	Morrison		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5823 DOLIVER	HOUSTON	ZIP CODE X 77057
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 829.	60 79	
9 REPORT TYPE	July 15 30th day before el	<u> </u>	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12/01/17	THROUGH 12	BI 17
11 ELECTION	Month Day Year General General	Description	
12 OFFICE	OFFICE HELD (if any)	HARRIS CA COMMISSI	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	SHAW, 7	PENNY 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR RDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUS WSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	4
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		•	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			,
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600 00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES .	\$ 1,25000
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$ 600 °D
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
Not the Not	ENESHIA E. HUDSI tary Public, State of omm. Expires 02-23 Notary ID 124982	Texas -2021	
		Signature of Candid	ate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	~	
Sworn to and subsc	ribed before me,	by the said PENNY SHAW	, this the
day of JANUARY	—, 20 <u>18</u> ,	to certify which, witness my hand and seal of office.	
Yensh E	. Hudy for	LENESHIA E. HUDSPETH DEF	UTY CLEEK CCO ,
Signature of officer a	administering cath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	SHAW, PENNY		3 Filer ID (Ethics Commission Filers)
o i iiiloipa, oosa	Full name of contributor out-of-state PAC AZIOS LISA Contributor address; City; State	Zip Code 201, TX 77002 9 Employer (See Instruction Reports 11 According 1) (ID#:	T Amount of contribution (\$) 5000 tions) Amount of contribution (\$) 10000
۱	6227 Wynn wood Lau nation / Job title (See Instructions) MESTATE AGENT Full name of contributor Out-of-state PAC	Employer (See Instruct	ASSOCIATES Amount of contribution (\$)
Principal occup	Cantributor address; City; State	; Zip Code Employer (See Instruc	tions)
Date		; Zip Code	Amount of contribution (\$)
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	,		
	AȚTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see inst		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Ť	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 O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor out-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 J.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	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 (IDIT:	de	Amount of . In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	itor'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 contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		<u> </u>	
*			
1	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction		
,	proces is an all all all bridge bridge and might define		

7 Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete State: Top Code Check if travel outside of Texas. Complete State:	PLEDO	GED CONTRIBUTIONS			SCHEDULE B
4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (IDF. B Amount of Pledge \$ 9 In-kind contribut description 7 Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete State: Zip Code Check if travel outside of Te	The	e Instruction Guide explains how to complete th	ls form.	1 Total pages Sched	ule B:
S Date 6 Full name of pledgor out-el-state PAC (ID#	2 FILER NAME	<u> </u>		3 Flier ID (Ethics C	ommission Filers)
7 Pledger address: City: State: Zip Code Check if travel outside of Texas. Complete St.	4 TOTAL OF	F UNITEMIZED PLEDGES		\$	
Check if travel outside of Texas. Complete St.	5 Date	6 Full name of pledgor			. 9 In-kind contribution description
Date Full name of pledgor		7 Pledgor address; City; State;	Zip Code		•
Date Full name of pledgor				<u> </u>	ide of Texas. Complete Schedule T
Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete State: The Code	10 Principal occ	supation / Job title (See Instructions)	11 Employer (See	instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pledgor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete State PAC (ID#:	Date	Full name of pledgor out-of-state_PAC (ID#;			tn-kind contribution description
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ Instruction		Pledgor address; City; State;			•
Date Full name of pledgor		-	33000000m	Check if travel outs	ide of Texas. Complete Schedule T
Pledge \$ Principal occupation / Job title (See Instructions) Employer (See Instructions) Pledge \$ Pled	Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Pledge \$ In-kind contributed ascription Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete State S	Date	Full name of pledgor	<i></i>		in-kind contribution description
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor		Pledgor address; City; State;	Zip Code		
Date Full name of pledgor				Check if travel outs	lde of Texas. Complete Schedule 1
Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete St	•	supation / Job title (See Instructions)	Employer (See	instructions)	
Check if travel outside of Texas. Complete S	Date	Full name of pledgor out-of-state PAC (ID#:			In-kind contribution description
		Pledgor address; City; State;	Zip Code		•
Principal occupation / Job title (See Instructions) Employer (See Instructions)				Check if travel outs	ide of Texas. Complete Schedule 1
	Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
					•
				·	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

LOANS		SCHEDULE E
The Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethles Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender out-of-state to	PAC (ID#:)	9 Loan Amount (\$)
6 is lender address; City; S institution?	State; Zip Code	10 Interest rate
YN		
12 Principal occupation / Job title (See instructions)	13 Employer (See Instructions)	·
14 Description of Collateral none	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City ☐ not applicable	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; sa financial Institution?	State; Zip Code	Interest rate
YN		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	·
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Polling Expense Printing Expense Travel in District Travet Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Crodit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City; State: Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check it Austin, TX, officeholder flying expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Accounting/Banking Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Fliers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE -Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY If direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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; Cit	y; State; Zip Code
,	7 Description of investment	
	8 Amount of Investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	v; State; Zip Code
	Description of investment	•
	Amount of investment (\$)	·
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Boverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	s how to complete this form).
1 Total pages Schedule F4:	2 FILER	NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee	name		
7 Amount (\$)	8 Payee	address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Political	
10	(a) Catego	Dry (See Categories listed at the top of the	sechedule) (b) Descr	iption
PURPOSE				eck if travel outside of Texas, Complete Schodule T.
OF Expenditure		FCT	Си	eck if Austin, TX, officeholder living expense
11 Complete ONLY If direct expenditure to benefit C/O	Gan	didate / Officeholder name	Office sought	Office held
Date .	Рауее	name		
Amount (\$)	Payee	address; City; State;	Zip Code	·
TYPE OF EXPENDITURE		Political	Non-Political	
	Catego	Dry (See Categories listed at the top of th	is schedule) Descr	iption .
PURPOSE				eck if travel outside of Texas. Complete Schedule T.
OF Expenditure				eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	Office sought	Office held
		•		
<u> </u>	··-			
	ATTA	CH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credii Card Payment	Fees (Food/Beverage Expense (By Gitt/Awards/Memorials Expense (Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Now to complete this form. Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<u> </u>			
1	2 FILER NAME SHAW, PENA	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
12/4/17	thereis county	DEMOCRATIC PARTY	
6 Amount (\$)	7 Payee address; City; State; Zip C		
1250°° Beimburgsment from	1445 N LOOP WI		
political contributions intended	HOUSTON, TEXAS -		
8 PURPOSE	(a) Category (See Categories listed at the top of this sched		
OF EXPENDITURE	FEES	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder flying expense OTHER—PRIMARY BALLOT APPLICATION FILE	
9 Complete ONLY it direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C		-	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	Code	
(•,			
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this sched		
OF EXPENDITURE		Check If travel outside of Toxas, Comprete Schedule T. Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payoo nama		
Daie	Payee name		
Amount (\$)	Payee address; City; State; Zip 0	Code	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this sched		
OF		Check If travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check If Austin, TX, officeholder living expense	
Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
	and the second s		

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/Officoholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Clit/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
Other (enter a category not listed above)

Candidate/Officoholder/Polit Credit Card Payment	cal Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
Total pages Schedule H:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Date	5 Business name
Amount (\$)	7 Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/C	Candidate / 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 schedule) 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	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address: City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) 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	Candidate / Officeholder name Office sought Office held
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule (:	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 flame :				
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.)				
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 Schedule K:					
2 FILER NAME	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				
	7 Purpose for which amount is received				
Date	Date Name of person from whom amount is received				
	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer				
Date	Name of person from whom amount is received Amount (\$)				
	Purpose for which amount is received Check if political contribution				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State	e; Zip Code	·		
	returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
L		.46	Povised 9/8/20:		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The instruction Guide explains how to complete this form. 3 Filter ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 __ Schedule A2 Schedule B Schedule B(J) Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F2 Schedule F4 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule B(J) Schedule C2 Schedule A2 Schedule B Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F2 Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule A2 Schedule B Schedule B(J) Schedule COH-UC Schedule B-SS Schedule H Schedule F2 Schedule G Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explain Complete only if "Report Type" on	s how to complete this form. page 1 is marked "Final Report" ••
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)
3	SIGNAT	URE	
	I do not a	expect any further political contributions or political expend	itures in connection with my candidacy. I understand that designat-
	ing a ret	ort as a final report terminates my campaign treasurer at	pointment. I also understand that I may not accept any campaign
	contribu	tions or make any campaign expenditures without a camp	aign treasurer appointment on file.
			Signature of Candidate / Officeholder
	CU CO	WHO IS NOT AN OFFICEHOLDER	
4		plete A & B below only if you are not an officeholder	· ··
	A.	CAMPAIGN FUNDS	
	Check	conly one:	
		I do not have unexpended contributions or unexpended	interest or income earned from political contributions.
			A for a divisat analythyllana (Lunderstand that L
		I have unexpended contributions or unexpended interes	or income earned from political contributions. I understand that I unexpended interest or income earned on political contributions to
		nersonal use. I also understand that I must file an an	nual report of unexpended contributions and that I may not retain
		unexpended contributions or unexpended interest or inco	ome earned on political contributions longer than six years after filing
		this final report. Further, I understand that I must dispose	se of unexpended political contributions and unexpended interest or
		income earned on political contributions in accordance	with the requirements of Election Code, 9 254,204.
	B.	ASSETS	
	Chec	k only one:	
	r—		ons or interest or other income from political contributions.
	ш		
		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 of	ontributions or interest or other income from political contributions to assets purchased with political contributions in accordance with the
		requirements of Election Code, § 254.204.	assats puror asset with political control asset as a second
		,	
			Signature of Candidate
5	OFFIC	EHOLDER	
	·· Com	priote this section only if you are an officeholder	•
		I am aware that I remain subject to filing requirements app	licable 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 cal contributions or interest or other income from political	r income from political contributions, or assets purchased with politi-
		cal contributions of interest of other income from political	
		•	
ĺ			Signature of Officeholder

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; State;	ZIp Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Zip Code	Amount (\$)	
	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; State	; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CO FOR TRAVE			IS OR POLIT OF TEXAS	ICAL EXPE	NDITURES SCHEDULE T
The Instru	ction Guide	is form.	1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Name of Contributor /	Corporation of	or Labor C	Organization / Pledgor /	Payee	
5 Contribution / Expendi Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				
6 Dates of travel	7 Name of person(s) traveling				
	8 Departur	re city or n	ame of departure locat	ion	
	9 Destination city or name of destination location				
10 Means of transportation	on	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)
Name of Contributor /	Corporation	or Labor C	Organization / Pledgor /	Payee	
Contribution / Expend Schedule A2 Schedule F2	Sche		Schedule B(J)	Schedule C2	Schedule D Schedule F1
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 transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor /	Corporation	or Labor (Organization / Pledgor /	Payee	
Contribution / Expend	iture reported	i on:	·		
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule 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 transportation		Purpose of travel (including name of conference, seminar, or other event)			
	A	TACH A	DDITIONAL COPIES	OF THIS SCHEDUL	.E AS NEEDED

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to a Complete only if "Report Type" on page 1 i	complete this form. s marked "Final Report" ••
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE	· · · · · · · · · · · · · · · · · · ·
	ing a re	. expect any further political contributions or political expenditures in corport as a final report terminates my campaign treasurer appointment utions or make any campaign expenditures without a campaign treasurer	. I also understand that I may not accept any campaign
4	EII EO	WHO IS NOT AN OFFICEHOLDER	DESCRIPTION MENORALDUM
•		plete A & B below <i>only</i> if you are not an officeholder	RECORDER'S MEMORANDUM: At the time of recordation, this instrument was found to be inadequate for the best photographic feproduction because of illegibility, carbon or
	A .	CAMPAIGN FUNDS	photo copy, discolored paper, etc. All blockous, additions and changes were present at the time
	Chec	k only one:	the Idstrument was filed and recorded.
	<u> </u>	I do not have unexpended contributions or unexpended interest or	ncome earned from political contributions.
	В.	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. It also understand that I must file an annual report unexpended contributions or unexpended interest or income earned this final report. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the requestions.	d interest or income earned on political contributions to of unexpended contributions and that I may not retain I on political contributions longer than six years after filing ended political contributions and unexpended interest or
di	Cnec	k only one: I do not retain assets purchased with political contributions or intere	est or other income from political contributions.
		I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased users as a second contribution of Election Code, § 254.204.	or interest or other income from political contributions to
			Signature of Candidate
5		EHOLDER uplote this section only if you are an officeholder	
		I am aware that I remain subject to filing requirements applicable to an file. I am also aware that I will be required to file reports of unexpende officeholder, I retain political contributions, interest or other income from cal contributions or interest or other income from political contributions.	d contributions if, after filing the last required report as an modifical contributions, or assets purchased with politi-
			Signature of Officeholder