

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



tan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FIIeNo:

201825

Received By Clerk:

1/10/2018

File Date:

January 10, 2018

Office:

County School Trustee, Position 3, At Large

Candidate:

Cowart, Marcus W.

Treasurer:

Yates, Jeff

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 Qu	uide explains how to	complete this form.	1' Filer ID (Ethics Commission	Filers) 2 . Total pages filed:
3 CANDIDATE/	MS / MRS / MR	FIRST	M1	OFFICE USE ONLY
OFFICEHOLDER NAME		Marcus W	•	
, INCIVIL.	NICKNAME	LAST	SUFFIX	Date Received
	Marc	Cowart		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE: ZIP COI	DE .
Change of Address	11102 Hidden I	Bend Dr, Houston	, TX 77064	
5 CANDIDATE/ OFFICEHOLDER PHONE	(832	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
<u> </u>	\ 832 '	282-2175 FIRST	MI	Receipt Amount \$
6 CAMPAIGN TREASURER	MD / MING / MIN	Jeff	INT	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		Yates		Date initiate
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO	PO BOX PLEASE); APT.	SUITE : CITY; STATE	ZIP CODE
(Residance or Business)				
	2714 Briar View	v Dr. Pearland, T	₹77581	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	·EXTENSION	
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	Bth day before	alection Excaeded \$50	0 limit Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month Day Year
COVERED	06/	01 / 2017	THROUGH	12 / 31 / 2017
11 ELECTION	ELECTION DATE		ELECTIO	N TYPE
	Month Day	Year X Prima		
	03/06/	2018 Gener		ripilon
12 OFFICE	OFFICE HELD (if any)	1 ,	13 OFFICE SOUGHT	(if known)
	none		Harris Count	/ School Trustee, Pos 3 At-Large
		GO TO	D PAGE 2	

⁵age - 3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Marcus W. "Mar	c" Cowart	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI HIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITTHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, , SITEMIZED	\$0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 750
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	TDAY \$0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$0		THE \$0
18 AFFIDAVIT		I swear, or affirm, under penalty of	perjury, that the accompanying report is
	LAUREN KENTON Notary ID #13035036 My Commission Expir August 27, 2019	g under Title 15, Election Code.	for mation r equired to be reported by me
		Stanature of Cal	ndidate or Officeholder
AFFIX NOTARY STAM	MP/SEALABOVE	_	isth
Sworn to and subsc	A 1	by the said Marcus W Cowart to certify which, witness my hand and seal of office	, this the
Laurenke	gc	Lawren Kenton	notan public
Signature of officer a	administering oath	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 Cor	nmission Filers)
	Marcus W Cowart		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 750
2.	. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 750
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ o
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0 [°]
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	'IONS	\$ 0 、

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1
2 FILER NAME Marcus W Cowart	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: Eric Dick	7 Amount of contribution (\$)
11/13/2017 6 Contributor address; City; State; Zip Code 3701 Brookwoods, Houston, TX 77092	\$750.00
8 Principal occupation / Job title (See Instructions) 9 Employer (Se Attorney The Dick	e Instructions) Law Firm
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
·Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (Se	(Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see instruction guide for a	70000

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:1
² FILER NAME Marcus W Cowart	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ 0
5 Date 6 Full name of contributor	3 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City; State; Zip Cod	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11. Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of . In-kind contribution Contribution \$. description
Contributor address; City; State Zip Co	de Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	t
	·
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruction	

PLE	EDGED CONTRIBUTIONS	SCHEDULE B
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1
2 FILER	NAME Marcus W Cowart	3 Filer ID (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED PLEDGES	\$0
5 Date	6 Full name of piedgor	
	7 Pledgor address; City; State; Zlp Code	
10 Princins	al occupation / Job title (See Instructions) 11 Employer	Check if travel outside of Texas. Complete Schedule 1
10 1 mospe	an occupation / occ line (cos management)	
Date (Full name of pledgor	Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; State; Zlp Code	
		Check if travel outside of Texas. Complete Schedule 1
Principa	il occupation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of pledgor out-of-state_PAC_(ID#:	Amount of In-kind contribution Pledge \$ description
:	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principa	al occupation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principa	al occupation / Job title (See Instructions) Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED
	If contributor is out-of-state PAC, please see instruction guide f	or additional reporting requirements.

	LOANS			SCHEDULE E
	The	Instruction Guide explains how	to complete this form.	1 Total pages Schedule E: 1
2	FILER NAME ME	arcus W Cowart		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		\$ 0
5	Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loah Amount (\$)
6	ls lender a financial Institution?	8 Lender address;	City; State; Zip Code	10 Interest rate 11 Maturity date
	Y N			TT Waterity date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	atoral	15 Check if personal funds were d account (See instructions)	eposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guarantoed (\$)
	not applicable	•	Cliv; State; Zip Code	
20		tion (See instructions)	21 Employer (See Instructions)	
	т ппора Оссора		- Partiployer (See Instituctions)	
	Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address;	Сну; State; Zip Code	Interestrate
_	Y N	•		Maturity date
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
 	Description of Col	aterat	Check if personal funds were d account (See Instructions)	leposited into political
_	none	N		Amount Quaranteed (\$)
	GUARANTÓR INFORMATION	Name of guarantor Guarantor address;	City; State; Zip Code	Amount Guaranteed (\$)
_	not applicable		-	
4	Principal Occupat	lon (See Instructions)	Employer (See Instructions)	
	ıı		IONAL COPIES OF THIS SCHEDULE AS NE	

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Marcus W Cowart	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2017	5 Payee name Harris County Republican Pa	rty .
6 Amount (\$)	7 Payes address; City; State; Zip Code	
\$750.	7232 Wynnwood, Houston, TX 77008	
8	(a) Catagory (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Filing Fee	Check if Austin, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	,
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	·	Chack if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	•	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
	1	Check if travel outside of Toxas, Complete Schedule T.
PURPOSE		Chock it it a veri consider of rocks; configure actionomy is
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
OF .	Candidate / Officeholder name	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPE	NDITURE CATE	GORIES FOR B	OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C		ge Expense Memorials Expense	Loan Repayment/f Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instri	uction Guide expla	ains how to comple	te this form.	
1 Total pages Schedule F2:	2 FILER NAME	Marcus W Co	wart	•	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED UNPAID INC	CURRED OBL	LIGATIONS		\$ 0
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City; State	e; Zip Code		
9 TYPE OF EXPENDITURE	Political		Non-Political		
10	(a) Category (See Cate	gorles listed at the top o	ol this schedule)	(b) Descripti	lon
PURPOSE	4 / /	, , , , , , , , , , , , , , , , , , ,		Check	If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	•			Check	t if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office	sought	Office held
Date	Payee name				
Amount (\$)	Payee address;	City; Stat	e; Zlp Code		
TYPE OF EXPENDITURE	Political		Non-Politica	ıl	
PURPOSE OF Expenditure	Category (See Cate	egories listed at the top	of this schedule)		otion skiftravel outside of Texas. Complete Schedule T. skiftravel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office	sought	Office held

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	1 Total pages Schedule F3:
The instruction Guide explains how to complete this form.	
FILER NAME	3 Filer ID (Ethics Commission Filers)
Date S 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 (\$)	
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 (\$)	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDIT	URE CATEGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Office Overhea ense Politing Expens lats Expense Printing Expens	se VContract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (anter a category not listed above)
				3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	2 FILER NAME Marcus	W Cowart		
4 TOTAL OF UNITEM	ZED EXPENDITURES	CHARGED TO A CREE	OIT CARD ·	\$ 0
5 Date	6 Payee name	,		
7 Amount (\$)	8 Payee address;	City; State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Politic	eal	
10	(a) Category (See Categories)	isted at the top of this schedule)	(b) Descript	
PURPOSE				If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Check	k if Austin, TX, officeholder living expanse
11 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeho	older name Offic	e sought	Office held
Date .	Payes name			
Amount (\$)	Payee address;	City; State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Poli	tical	
	Category (See Categories	listed at the top of this schedule)	Descrip	
PURPOSE			·	ck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Che	ck if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/6	Candidate / Officet	nolder name Of	ice sought	Office held
	,			
				NEEDED.
	ATTACH ADDITION	NAL COPIES OF THIS SO	CHEDULE AS	Revised 9/8/20

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Loan Repayment/Relimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Foos Accounting/Banking Food/Beverage Expense Gilt/Awards/Memortals Expense Travel In District Politino Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Gredit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 7 Payee address; 6 Amount (\$) Reimbursement from political contributions ntondod (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Zip Code Payee address; Amount (\$) Reimbursement from political contributions (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions Intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check II Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Sallclimiton/Fundralsing Expense Transportation Equipment & Related Expensa Traxel In District

Consulting Expanse Contributions/Donations Made Candidate/Officeholder/Politi	cal Committee Legal Services Salaries/wages/Committee Committee Legal Services Salaries/wages/Committee Committee
Credit Card Payment	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) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH
Date	Business name
Amount (\$)	Business 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 OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPÉNDITURE	Category (See Categories fisjed at the top of this schedule) Description Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expanse
Complete <u>ONLY</u> if direc expenditure to benefit C	Candidate / Officeholder name Office sought Office held /OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)
Date	Payee name .
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)
Date	Payee name .
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		3 Filer ID (Ethics Commission Filers)
4	Date	5 Name of person from whom amount is received	8 Amount (\$)
		6 Address of person from whom amount is received; City; State;	Zip Code
		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	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	o; Zlp Code
		Purpose for which amount is received	f political contribution returned to filer
	Date	Name of person from whom amount is received	Amount (\$)
		Address of person from whom amount is received; City; Sta	te; Zip Code
		Purpose for which amount is received Check	if political contribution returned to filer
-		ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

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

SCHEDULE T

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on:	nedule F1 chedule B-SS				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on:	nedule F1				
	chedule B-SS				
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location	•				
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Piedgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Sc	hedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC S	chedule 8-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)	Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
	chedule F1				
	Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location	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					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	ing a re	expect any further political contributions or political expenditures in coord as a final report terminates my campaign treasurer appointmentions or make any campaign expenditures without a campaign treas	t. I also understand that I may not accept any campaign surer appointment on file.		
			Signature of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder CAMPAIGN FUNDS	RECORDER'S MEMORANDUM: At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts,		
	Checi	k anly one:	additions and changes were present at the time the instrument was filed and recorded.		
		I do not have unexpended contributions or unexpended interest or	income earned from political contributions.		
		I have unexpended contributions or unexpended interest or incommay not convert unexpended political contributions or unexpended personal use. I 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 on political contributions in accordance with the restrictions.	ed interest or income earned on political contributions to nt of unexpended contributions and that I may not retain id on political contributions longer than six years after filing pended political contributions and unexpended interest or		
	₿.	ASSETS			
	Chec	k only one:	from Analisinst an ability to an		
		I do not retain assets purchased with political contributions or interest I do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contribution personal use. I also understand that I must dispose of assets pur requirements of Election Code, § 254.204.	or other income from political contributions. I understand s or interest or other income from political contributions to		
			Signature of Candidate		
5		EHOLDER uplete this section only if you are an officeholder			
		I am aware that I remain subject to filing requirements applicable to a file. I am also aware that I will be required to file reports of unexpend officeholder, I retain political contributions, interest or other income fi cal contributions or interest or other income from political contributions	led contributions if, after filing the last required report as an rom political contributions, or assets purchased with politi-		
			Signature of Officeholder		