CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how to complete this form.	s Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS (MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Miquel		Date Received
	NICKNAME LAST	SUFFIX	man vensk paivitA
OANDIDATE /	SAUCHEZ	: ZIP CODE	PER 1 LANGE DECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE	., AIT UODE	FED 1 2 2024
Change of Address	P.O. By 1026 Lylond Tex	AS 78567	7.
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTEN		RECEIVED BY: Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(956) 525-1946		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Recelpt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE;	ZIP GODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTEN	NSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasuror appointment (Officeholder Only)
	July 16 8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff General Special	ELECTION TYPE Other Description	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE	CE SOUGHT (if known)
	w:l	LACY COINS	lable Pet 39,11
	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Misuel	JANCHEZ 15 FI	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURCES.	THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS	,		
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
, lacinonal ragor		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE		POLITICAL EXPENDITURES OF \$100 OR LESS,	0 10		
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE		OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
Sworn to and subs		Signature Si Canal	tion required to be reported by me		
Signature of officer	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 Com	mission 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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	ŞCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 622.17
10	CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	TO THE TAXABLE PROMISE AND THE	\$
12.	SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 5 Full name of contributor U out-of-state PAC (ID#:_____ City; State; Zip Code 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor ___ out-of-state PAC (ID#:_____ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

......

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	·····
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$	** ***********************************
5 Date 6 Full name of contributor	B Amount of 9 In-kind contribution \$ description	ution
7 Contributor address; Clty; State; Zip Coo	e 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 Instruction	s)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instru	uctions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JU	IDICIAL)
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 contrib Contribution \$ description	ution
Contributor address; Clty; 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 Instruction	is)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instru	uctions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JU	JDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	,	
ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDED	<u></u>

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Gulde explains how to complete this form.	1 Total pages Sched	lule B:
FILER NAME		3 Filer ID (Ethlos (Commission Filers)
TOTAL OF	UNITEMIZED PLEDGES	\$	
Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$, 9 In-kind contribution description
	7 Pledgor address; City; State; Zip Gode		•
			side of Texas. Complete Schedul
Principal occ	upation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	,	•
		Check If travel ou	tside of Texas. Complete Schedu
Principal occi	upation / Job title (See Instructions) Employer (See	e Instructions)	
Date	Full name of pledgor	Amount of Pledge \$. In-kind contribution description
	Pledgor address; City; State; Zip Code		•
		Check if travel or	itside of Texas. Complete Schedu
Principal occ	cupation / Job title (See Instructions) Employer (Se	e Instructions)	
Date	Full name of pledgor oul-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· ·
		Check If travel of	utside of Texas. Complete Sched
		e Instructions)	

SCHEDULE E LOANS 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#:____ 7 Name of lender Date of loan 10 Interest rate Is lender State; Zip Code City; 8 Lender address; a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; City; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate State; Zlp Code Lender address; Clty; is lender a financial Institution? Maturity date Ν Employer (See Instructions) Principal occupation / Job title (See Instructions) Check If personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION State; Zip Code City; Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense 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
Other (enter a category not listed above)

Candidate/Officeholder/Polltica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethlcs Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; Clty; 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/O	Candidate / Officeholder name	Office sought Office held
AND CONTRACTOR OF THE PROPERTY	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/ The Instruction Guide explains how to complete	,			
1 Total pages Schedule F2:		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$			
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 this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
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 this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide expiains 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 (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom Investment Is purchased;	Clty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	·
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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)
		lains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; Stat	e; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top	of this schedule) (b) Descripti	on
PURPOSE OF EXPENDITURE			if Iravel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Check	tion (It travel outside of Texas, Complete Schedule T. k if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name PH	e Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDUL F AS N	IEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Glit/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

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

Ι,	Candidate/Officeholder/Politi Credit Card Payment	ical Committee L	egal Services		g Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category no	ol listed above)
L,	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME		CH22	7	3 Filer ID (Ethics Con	mmission Filers)
4	Date	5 Payee name	Lacy County		mantic	PARL	
6	Amount (\$) a C 3.50 Beimbursement from political contributions intended	Z Payee addre	ss; city; state, FAST Grem MONOLU: 1/P,	Zip Code	X45 7858	Ö	
8	PURPOSE	(a) Category (Sec	e Categories listed at the top of this	sohedule)	(b) Description		
	OF EXPENDITURE	Pollin	· SJ NIMSP		r	le of Texas, Complete Schedule T. X, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C		/ Officeholder name		Office sought	Offi	ice held
	Date	Payee name	DA Aultro	a Pr	PINTS		
	Amount (\$)	Payee addres		Zip Code			
	Reimbursement from political contributions intended	M155,	ION, TBXA	5, 78	'57P		
	PURPOSE	Category (See	e Calegories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Adver	etisne Sypa	NSP		le of Texas, Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		/ Officeholder name		Office sought	Offi	ice heid
<u>-</u>	Date	Payee name					
	Amount (\$)	Payee addres	ss; Clty; State;	Zip Code		makelah sebagai perumbah dan bermulai dan perumbah sebagai perumbah sebagai perumbah sebagai perumbah sebagai	of the state of th
	Reimbursement from political contributions intended						
	PURPOSE	Category (See	Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE					le of Texas. Complete Schedule T. X. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/C		/ Officeholder name		Office sought	Offl	ice held
	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
Consulting Expense
Contributions/Donations Made By
Candidate/Discholder/Political Committee

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

; City; State; Zip Corles listed at the top of this sched	Office sought (b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Office held
orles listed at the top of this sched	Office sought (b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Office held
orles listed at the top of this sched	Office sought (b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Office held
ceholder name	Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Office held
; City; State; Zip	p Code
; City; State; Zip	p Code
orles listed at the top of this sche	hedule) Description Check if travel cutside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
ceholder name	Office sought Office held
A STATE OF S	
s; City; State; Zip	p Code
gorles listed at the top of this scho	Check if Austin, TX, officeholder living expense
	Office sought Office held
	gories listed at the top of this so

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.)			
	4				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAM	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; Sta	ate; Zlp Code			
	Purpose for which amount is received Check if political contribution returned to flier				
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			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check	if 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

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 Iravel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 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) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1									
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: 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 7 Name of person(s) traveling 8 Departure city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 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 Dates of travel Name of person(s) traveling Departure 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 / Expenditure reported on: Schedule A2 Schedule B Schedule G Sch	The Instru	ction Guide explai							
5 Contribution / Expenditure reported on: Schedule P2	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Schedule A2	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Schedule A2	5 Contribution / Expenditure reported on:								
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travei 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination oilty or name of departure 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 / Psyce Contribution / Expenditure reported on:	Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
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 11 Purpose of travel (including name of conference, seminar, or other event) 11 Purpose of travel (including name of conference, seminar, or other event) 12 Purpose of travel (including name of conference, seminar, or other event) 13 Schedule A2	Schedule F2	Schedule F	4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
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 Contributior / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: 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 Dates of travel Name of person(s) traveling Departure dity 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 / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B Schedule G Schedule H Schedule COH-UC Schedule B-St Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-St Dates of travel Name of person(s) traveling Departure city or name of departure location	6 Dates of travel 7 Name of person(s) traveling								
11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	, and	8 Departure city or name of departure location							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2	•	9 Destination city or name of destination location							
Contribution / Expenditure reported on: 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 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 / Expenditure reported on: 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 Dates of travel Name of person(s) traveling Departure city or name of departure location	10 Means of transportation								
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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" · 2 Filer ID (Ethics Commission Filers) C/OH NAME DANCHEZ I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · CAMPAIGN FUNDS Δ. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. anature of Candidate OFFICEHOLDER · Complete this section only if you are an officeholder ·· I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other Income from political contributions. Signature of Officeholder