		CEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how		Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Ramon	м!	OFFICE USE ONLY
NAME	NICKNAME	Perez	JR·	Date RWITEACY COUNTY DEPARTMENT OF ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		7452 Delfina P.D. Box 72	Lyford .TX	FER 1 3 2024
Change of Address			78569	RECEIVED BY
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 4	108-5629	EXTENSION	Date Hand-delivered or Date Posimarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SUITE	#; CITY,	STATE; ZIP GODE
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	المنافق والمنافق والمستخدر بديا المنافق المنافق والمنافق
TREASURER PHONE	() -			
9 REPORT TYPE	January 15	30th day before elect	on Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DA	TIE INTE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	0/6/	AH General	1 obacias	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know)	PCT. 39\$11
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE LOSELIA	SEUMINED TUCCE EVPENDITURES MA	V HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT (MDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	specific	COMMITTEE CAMPAIGN TREAST	RER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
	l 		AGE 2	

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 G/OH NAME 16 Filer ID (Ethics Commission Filers) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Please complete either option below: VIOLA Z. VELA (1) Affidavit Notary Public, State of Texas Comm. Expires 05-05-2025 Notary ID 126958112 NOTARY STAMP/SEAL Sworn to and subscribed before me by Ramon Perez In. this the 13 day of Feb to certify which, witness my hand and seal of office. VIOLA Z. VELA Printed name of officer administering path (2) Unsworn Declaration , and my date of birth is My address is _____

Signature of Candidate/Officeholder (Declarant)

Executed in _____ County, State of _____, on the _____ day of _____ (month)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 ϝ	ILER NAME	20 Filer ID (Ethics Commission Filers)
ł .	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	, s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	. \$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	ONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$
10.	SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how t	to complete thi	s form.	1 Iolal pages Schedule A1:
2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Jour of state PA	C (ID#.)	7 Amount of contribution (\$)
	6 Contributor address;	City;	Slate; Zip Code	
8 Principal d	ccupation / Joh title (See Instructions)		9 Employer (See Instruc	l diana)
	· 1.			
Date	Full name of contributor	oud-of-state PA⊲	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	ccupation / Job title (See Instructions)		Employer (See Instruc	llons)
	e de la companya de			
Dale	Full name of contributor	out of-state PAI	C (HD#.)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal od	ccupation / Job title (Sec Instructions)		Employer (See Instruc	tions)
	······································		1	
Date	Full name of contributor	Out of state PAC	S (ID#:)	Amount of contribution (\$)
	Contributor address;	Cily;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	tions)

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

If the requested information is not applicable, DO NOT include this page in the report.

			ete this for	₹11,		edule A2:
2 FILER NAMI	 L				3 Filer ID (Ethics	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KINI) POLITICAL	CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor	out-af-stata PAC		;	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address;	City;	State;	Zip Code	Chark if traval or	
l 10 Principal occu	 upation / Job title (FOR NON-J	UDICIAL)(Seo Ir	nstructions)	11 Employe	1	CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUL	DICIAL)		13 Contribu	itor's job title (FOR .	JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDIC	CIAL)		15 Law firm	a of contributor's spo	puse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s)	(if any) (FOR JUI	OICIAL)			
Dale	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address;	Cily;	State;	Zip Code		
Principal occu	palion / Job lilla (FOR NON-JI	UDICIAL) (See In	structions)	Employe		side of Texas. Complete Schedule T CIAL)(See Instructions)
Contributor's p	orincipal occupation (FOR JUD	PIGIAL)		Contribul	tor's job tille (FOR J	UDICIAL) (See Instructions)
Contributor's c	 omployer/law firm (FOR JUDIC	IAL)	ı	Law firm	of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor k	s a child, law firm of parent(s) ((If any) (FOR JUD	DIGIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

7	The Instruction Guide explains how to complete	this form.	1 Total pages Sche	dula B:
2 FILER NAI	ME		3 Filer ID (Ethics	Commission Filers)
4 TOTAL (OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out of-state PAC (HM:	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code	• • •	
10 Principal or	 ccupation / Job title (See Instructions)	11 Employor (Sc	ŀ	 sido of Texas, Complete Schedule T.
		, <u> </u>	, , , , , , , , , , , , , , , , , , ,	
Dale	Full name of pledger out-of-state PAC (D#	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel out	 side of Texas, Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employor (Si	ee (natructions)	That I
Dale	Full name of pledgor out-of-slate PAC (i	D#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	
Principal oc	cupation / Job title (See Instructions)	Employer (Se	an Instructions)	. .
		Ì	Amount of	In-kind contribution
Date	Full name of pledgor] out-of-state PAC (f	D#:) Amount of Pledge \$	description
	Pledgor address; City; 8	Stale; Zip Code		1
			Chack if travel outs	
Principal occ	I supation / Job title (See Instructions)	Employer (Se	ee Instructions)	e em

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE E
The	instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan 7 Name of lender			9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interestrate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	alerai	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:	Loan Amount (\$)
is lender a financial	Lender address; City; 8	State; Zip Code	Interestrate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·
Description of Colle	ateral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
,	Guarantor address; City; s	State; Zip Code	
Principal Occupation	on (Sae Instructions)	Employer (Can Instructions)	
т ппограг Оссиранс	on (one metractions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Food/Beverage Expanse	Office Overhoad/Rontal Expense Polling Expense Ise Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	explains how to complete this form.	
2 FILER NAME		3 Filter ID (Ethics Commission Filers)
5 Payee name		
7 Payee address; City; State	e; Zip Code	
(a) Category (See Categories listed at the top	of (his schedule) (b) Description	
		outside of Texas. Complete Schedule T. Iln, TX, afficeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address; City; State	∍; Zip Gode	**************************************
Category (See Categories listed at the top of	Check if travel or	utside of Texas, Complete Schedule T. n. TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Рауее пате		
Payee address; City; State;	; Zip Code	
Category (See Categories listed at the top of	Check if travel ou	ulsido of Taxas. Complete Schodule T. I, TX, officeholder living axpense
		Office held
a	Gill/Awards/Memorials Expension Committee Legal Services The Instruction Guide at The Instructi	Poling Expense Gil/Awards/Memorials Expense Legal Services The Instruction Guide explains now to complete this form. 2 FILER NAME 5 Payeo name 7 Payeo address; City; State; Zip Code (a) Category (See Categories listed at the top of this schodule) Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schodule) Candidate / Officeholder name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schodule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schodule) Candidate / Officeholder name Candidate / Officeholder name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schodule) Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schodule) Payee address; City; State; Zip Code

Accounting/sarking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel in District Travel Out Of District Other (enter a category not listed above) Filer ID (Ethics Commission Filers)
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2: 2 FILER NAME 3 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name	Filer ID (Ethics Commission Filers)
5 Date 6 Payee name	
7 Amount (\$) 8 Payee address; City; State; Zip Code	
1	
9 TYPE OF EXPENDITURE Political Non-Political	
OF	ol outside of Texas, Complete Schedule T.
11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH	Office Ireld
Date Payee name	Spiller State Control
Amount (\$) Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE Political Non-Political	
OF .	autside of Texas. Complete Schedule T. din, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Ţ	he 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	, , , , , , , , , , , , , , , , , , ,
	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	r; 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 Repaymen/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Rolated Expense

Consulting Exponso Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Cont	Travel in District Travel Out Of District Other (enter a category not listed abo	vo)	
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4;	2 FILER NAME		3 Filer ID (Ethics Commission Fi	ilers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHAF	RGED TO A CREDIT C	CARD \$		
5 Date	6 Payee name	y py y py py py py py py y py py py py p			
7 Amount (\$) 8 Payee address; Clty; State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Calegories 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		
ENTERING CONTRACTOR					
11 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na I	rne Office sou	ght Office held		
Date	Payee name				
Amount (\$) Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the	top of this schedule)	Description		
PURPOSE					
EXPENDITURE			Check if Auetin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me Office sou	ght Office held		
				[
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDU	LE AS NEEDED		
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the	nter of this schedule)	Check if Austin, TX, officeholder living expense ght Office held		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Eveni Expense

Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursemont Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Politing Expense Printing Expense Printing Expense Sciaries/Wages/Contract Labor Sciaries/Wages/Contract Labor Show to complete this form.
1 Total pages Schedule G: 2	PILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5	Payee name	
Reimbursement from	Payee address; City; State; Zip	> Code
political contributions intended		
8 PURPOSE OF EXPENDITURE	 Category (See Categories listed at the top of this sch 	(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/OH	Candidate / Officeholder name	Office sought Office held
Dale	Рауее пате	
Amount (\$)	Payee address; City; State; Zip) Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schi	(b) 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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zlp	Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this solid	edule) (b) Description Check if travel outside of Toxas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name •	Office sought Office 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/Benking Candidate/Officeholder/Political Committee

Event Expense Foos Food/Beverage Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense

Consulting Expense
Contributions/Donations Made By Transportation Equipment & Related Expense Travel in District Glfl/Awards/Memorials Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (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 fiving expense 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code Category (See Categories listed at the top of this schedule), Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check II Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** __ Check if Iravel outside of Texas. Complete Schedule T, OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filor ID (Ethics Commission Filor
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
B PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See Instructions regarding type of Information required.)
Date	Рауее пате	
Amount (\$)	Payee address; City; State; Zlp Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of Information required.)
Date	Рауев пате	
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.)

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

SCHEDULE K

The Instruction Gulde explains how to complete this form.			dule K:
2 FILER NAME 3 Filer ID (EIh			s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	·	
	7 Purpose for which amount is received Check	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		Amaunt (\$)
	Address of person from whom amount is received; City; State	e; Zlp Code	
	Purpose for which amount is received Check i	f political contribution r	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	в; Zip Code	
	Purpose for which amount is received Check if	political contribution re	alurned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

The Insti	ruction Gulde explai	his form.	1 Total pages Schedule T:				
2 FILER NAME			3 Filer tD (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expen	diture reported on:						
Schedule A2	Schedule B	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4	Schedule B(J) 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 departure location						
	9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	dlure reported on:						
			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	/ Gorporation or Labor	Organization / Pledgor	/ Payee				
Contribution / Expend	Harry was a standard and		· · · · · · · · · · · · · · · · · · ·	1000			
Schedule A2	Schedule B		Полько	Полив			
Schedule F2	Schedule F4	Schedule B(J)	Schedule C2 Schedule H	Schedule D Schedule F1			
Dates of travel	Name of person(T acueome H	Schedule COH-UC Schedule B-SS			
	Departure city or name of departure location						
Destination city or name of destination location							
Means of transportati	on Purp	Purpose of travel (including name of conference, seminar, or other event)					
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED			