AT 12.55 O'CLOCK D. M

	E / OFFICEHOLDE N FINANCE REPOR		FORM C/OH COVER SHEET PG 2
15 C/OH NAME b	en	BY: 16	Filer ID (EMits' Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL	TICAL CONTRIBUTIONS (OTHER THAN ARANTEES OF LOANS, OR LECTRONICALLY)	\$ 750 °C
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS OANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$
46	4. TOTAL POLITICAL EXPE	NDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAST DA	AY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF TH	E \$
(1) Affidavit	LORENA RENTERIA		
	Please com	plete either option below:	
		ean this the 15	5th day of <u>January</u> , Notary Public
Signature of officer administer		officer administering oath	
	. Timed hande of C	OR	Title of officer administering oath
(2) Unsworn Declaratio	n	Cit	
My name is		, and my date of birth is	
My address is		, who my date of birth is	
	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
		Signature of Candidate/C	Officeholder (Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this fo	rm. 1 Filer ID (Ethics Commission	n Filers) 2 Total pages filed:
GENERAL CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MA. Wester NICKNAME LAST Sec.	SUFFI	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE		
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 392 - 54/	9	Date Hand-delivered or Date Postmarked
CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFI)	Date Processed
			Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	()		
		before election Runoff Exceeded Mod Reporting Limit	Final Report (Attach C/OH - FR)
PHONE		efore election Exceeded Mod Reporting Limit	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR)
PHONE REPORT TYPE PERIOD	July 15 Sth day be Month Day Year 11	efore election Exceeded Mod Reporting Limit THROUGH ELECTION Primary Runoff Other	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year / / / 2 = 2 4 N TYPE
PHONE REPORT TYPE PERIOD COVERED	July 15 Bth day be Month Day Year 11 / 19 / 2 0 7 ELECTION DATE Month Day Year	Exceeded Mod Reporting Limit THROUGH ELECTION Primary Runoff Other Description General Special 13 OFFICE SOUGHT	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year / / / 2 0 2 4 N TYPE fription (if known)
PHONE REPORT TYPE PRIOD COVERED PELECTION POLITICAL	July 15 Sth day be Month Day Year 11 / 19 / 20 7 ELECTION DATE Month Day Year 3 / 5 / 20 24 G OFFICE HELD (if any) Commss	Exceeded Mod Reporting Limit THROUGH Primary Runoff Other Describer Special 13 OFFICE SOUGHT THROUGH OTHER TOTAL STREET OF POLITICAL EXPENDITION TO THE PRINCE STREET OF POLITICAL EXPENDITION TO THE PERSON NO. 10 PRINCE STREET OF POLITICAL EXPENDITION TO THE PERSON NO. 10 PRINCE STREET OF POLITICAL EXPENDITION TO THE PERSON NO. 10 PRINCE STREET OF POLITICAL EXPENDITION TO THE PERSON NO. 10 PRINCE STREET OF POLITICAL EXPENDITION TO THE PERSON NO. 10 PRINCE STREET OF POLITICAL EXPENDITION TO THE PERSON NO. 10 PRINCE STREET OF THE PERS	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year / / / / / / / / / / / / / / / / / / /
PHONE REPORT TYPE PRIOD COVERED LECTION PRIOD COVERED NOTICE FROM	July 15 Sth day be Month Day Year 11 / 19 / 20 7 ELECTION DATE Month Day Year 3 / 5 / 20 24 G OFFICE HELD (if any) Commss	Exceeded Mod Reporting Limit THROUGH Primary Runoff Other Describer Special 13 OFFICE SOUGHT THROUGH OTHER TOTAL EXPENSION TO THE PRIMARY HAVE BEEN MODE WITH THE PRIMARY HAVE BEEN WITH	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year / / / / 2 © Z Y N TYPE ription (if known) Curres MADE BY POLITICAL COMMITTEES TO SUPPORT Tription
PHONE REPORT TYPE PRIOD COVERED PELECTION POLITICAL	Month Day Year II / 19 / 20 Z ELECTION DATE Month Day Year 3 / 5 / 2024 G OFFICE HELD (if any) Commss Garage Area THIS BOX IS FOR NOTICE OF POLITICAL CONTRIB THE CANDIDATE / OFFICEHOLDER. THESE EXPEN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE	Exceeded Mod Reporting Limit Primary Runoff Other Description Special 13 OFFICE SOUGHT OUT THE REQUIRED TO REPORT THIS INFORMATION CO.	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year / / / / 2 © Z Y N TYPE ription (if known) Curres MADE BY POLITICAL COMMITTEES TO SUPPORT Tription
PHONE REPORT TYPE PERIOD COVERED PELECTION POLITICAL COMMITTEE(S)	July 15 Sth day be Month Day Year 11 / 19 / 20 7 ELECTION DATE Month Day Year 3 / 5 / 20 24 G OFFICE HELD (if any) Commss	Exceeded Mod Reporting Limit Primary Runoff Other Description Special 13 OFFICE SOUGHT OUT THE REQUIRED TO REPORT THIS INFORMATION CO.	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year // / 2 0 2 4 N TYPE fription (if known)
PHONE REPORT TYPE PERIOD COVERED PELECTION POLITICAL COMMITTEE(S)	July 15 Sth day be Month Day Year 19 / 20 Z ELECTION DATE Month Day Year 3 / 5 / 20 24 G OFFICE HELD (if any) Commss	Exceeded Mod Reporting Limit THROUGH ELECTION Primary Runoff Other Description General Special 13 OFFICE SOUGHT UNITIONS ACCEPTED OR POLITICAL EXPENDITION TO REPORT THIS INFORMATION OF SERVICE	treasurer appointment (Officeholder Only) diffied Final Report (Attach C/OH - FR) Month Day Year / / / / 2 © Z Y N TYPE ription (if known) Curres MADE BY POLITICAL COMMITTEES TO SUPPORT Tription

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	0	20 Filer ID (Ethics Co	mmission Filers)
Wester	Bear		
21 SCHEDULE SUBTO NAME OF SCHEDU	ALS LE		SUBTOTAL AMOUNT
1. SCHEDUL	LE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 750
2. SCHEDUL	LE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 75000
3. SCHEDUL	LE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDUL	LE E: LOANS		\$
5. SCHEDUL	LE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	DNTRIBUTIONS	\$
6. SCHEDUL	LE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDUL	LE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDUL	LE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDUL	E G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10. SCHEDUL	E H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11. SCHEDUL	E I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDUL	LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Cuide and in the second of t	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Wesley DBeg	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 12 pit-of-state PAC (ID#:	7 Amount of contribution (\$)
Contributor address; City; State; Zip Code P.O. Buy 1458 22000 /X 76943	750=
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)
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 (See Instructions)	ns)
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 (See Instruction	ns)
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 (See Instruction	ns)

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.

	The Instruction Guide explains how to complete this forn	n.	1 Total pages Schedu	ıle A2:
2 FILER NA	ME Wesley Bean		3 Filer ID (Ethics Cor	nmission Filers)
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 750	90
5 Date	1108 LAVACAST	Zip Code	8 Amount of Contribution \$ 750 Check if travel outside	9 In-kind contribution description 4, 1147
10 Principal o	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIA	
12 Contributor	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUI	DICIAL) (See Instructions)
14 Contributor	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contribute	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside	e of Texas. Complete Schedule T.
Principal od	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor	r's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUD	DICIAL) (See Instructions)
Contributor	r's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse	e (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

In	ne Instruction Guide explains how to complete th	nis form.	1 Total pages Sched	ule B:
FILER NAM	E		3 Filer ID (Ethics C	ommission Filers)
TOTAL O	F 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; s	State; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedu
Principal oc	cupation / 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 outsi	de of Texas. Complete Schedi
Principal occ	supation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; §	State; Zip Code		
			Check if travel outside	de of Texas. Complete Schedu
		Employee (See		1000 0000000000000000000000000000000000
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occ	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
			Amount of	
Date	Full name of pledgor		Amount of Pledge \$	

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Chook if normand for	
none		account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If Io	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED
orms provided by Texas	ethics Commission www.e	struction guide for additional re	porting requirements. Revised 11/15/202

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	nme				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	:hedule T,	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEF	DED	
orms provided by Texas Ethic			s.state.tx.us	The second secon		Pavisod 11/15/2022

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Revised 11/15/2022

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

4 TOTAL OF UNITEMIZE 5 Date 6 1 7 Amount (\$) 8 1 7 Amount (\$) 8 1 8 1 9 TYPE OF EXPENDITURE 10 (a) (C) 11 Complete ONLY if direct expenditure to benefit C/OH Date	▼	City; Non-Political	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) 3 Filler ID (Ethics Commission Fillers) \$ State; Zip Code
TYPE OF EXPENDITURE O PURPOSE OF EXPENDITURE (c) Complete ONLY if direct expenditure to benefit C/OH	D UNPAID INCURRED OB Payee name Payee address; Political Category (See Categories listed at the top of	LIGATIONS City; Non-Political	\$
TYPE OF EXPENDITURE O PURPOSE OF EXPENDITURE (c) Complete ONLY if direct expenditure to benefit C/OH	D UNPAID INCURRED OB Payee name Payee address; Political Category (See Categories listed at the top of	City; Non-Political	\$
7 Amount (\$) 8 1 7 Amount (\$) 8 1 7 Amount (\$) 8 1 7 Amount (\$) 7 Amount (\$) 8 1 8 1 8 1 9 Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Payee address; Political Category (See Categories listed at the top of	City; Non-Political	
TYPE OF EXPENDITURE O (a) C PURPOSE OF EXPENDITURE (c) 1 Complete ONLY if direct expenditure to benefit C/OH Date	Payee address; Political Category (See Categories listed at the top of	Non-Political	State; Zip Code
TYPE OF EXPENDITURE 0 (a) 0 PURPOSE OF EXPENDITURE (c) 1 Complete ONLY if direct expenditure to benefit C/OH Date	Political Category (See Categories listed at the top of	Non-Political	State; Zip Code
PURPOSE OF EXPENDITURE (c) 1 Complete ONLY if direct expenditure to benefit C/OH Date	Category (See Categories listed at the top of		
PURPOSE OF EXPENDITURE (c) 1 Complete ONLY if direct expenditure to benefit C/OH Date		his schedule) (b) Description	
1 Complete ONLY if direct expenditure to benefit C/OH Date	Check if travel outside of Texas. Complete		
Date		e Schedule T. Check if Aus	stin, TX, officeholder living expense
4 (2)	Candidate / Officeholder name	Office sought	Office held
Amount (\$)	Payee name		
	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t	nis schedule) Description	
	Check if travel outside of Texas. Comple	te Schedule T. Check if Au	istin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
A	TTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAM	ИЕ	3 Filer ID (Ethics Commission Filers)
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;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	3y al Committee	EVENT EXPENDITURE C Event Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expent Legal Services The Instruction Guide	Loan Repa Office Ove Polling Ex Printing Ex Salaries/V	ayment/Reimbursement brhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office held Office held Payee address; City: State: Zip Code TYPE OF EXPENDITURE Payee name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Date Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	1 Total pages Schedule F4:	2 FILER		explains now to c	complete this form.	2 511 10 (511)
5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City: State: Zip Code 9 TYPE OF EXPENDITURE 10 PORTOSE EXPENDITURE (6) Check if swed outside of Tioxas. Complete Schedule) (6) Check if austin, TX, officeholder iving expense 11 Candidate / Officeholder name 12 Office sought 13 Candidate / Officeholder name 14 Amount (\$) 15 Payee address: City: State; Zip Code 15 Payee name 16 Payee name 17 Candidate / Officeholder iving expense 17 Candidate / Officeholder name 18 Officeholder iving expense 19 Officeholder name 19 Officeholder iving expense 20 Officeholder name 21 Officeholder iving expense 22 Officeholder iving expense 23 Officeholder iving expense 24 Officeholder iving expense 25 Officeholder iving expense 26 Officeholder iving expense 27 Officeholder iving expense 27 Officeholder iving expense 28 Officeholder iving expense 29 Officeholder iving expense 20 Officeholder iving expense						3 Filer ID (Ethics Commission Filers)
7 Amount (\$) 8 Payee address; City: State; Zip Code 9 TYPE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description 10 PURPOSE EXPENDITURE (c) Check if travel outside of Toxas. Complete Schedule T. Check if Austin. TX. officeholder living supense Complete ONLY if direct expenditure to benefit C/OH Date Payee address; City: State; Zip Code TYPE OF EXPENDITURE Candidate / Officeholder name Category (see Categories listed at the top of this schedule) Description Category (see Categories listed at the top of this schedule) Description Category (see Categories listed at the top of this schedule) Description Category (see Categories listed at the top of this schedule) Description Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Office sought Office held Category (see Categories listed at the top of this schedule) Office sought Office held Category (see Categories listed at the top of this schedule) Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	4 TOTAL OF UNITEM	IIZED EXP	ENDITURES CHAR	GEDTOACF	REDIT CARD	\$
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Candidate / Officeholder name (d) Category (See Categories listed at the top of this schedule) (e) Conckif travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Payee name Amount (s) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office held Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	5 Date	6 Payee	name			
Political Non-Political Non-Political	7 Amount (\$)	8 Payee	address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name	TYPE OF		² olitical	Non-Po	olitical	
11 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State; Zip Code TYPE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	PURPOSE OF	(a) Category	y (See Categories listed at the to	o of this schedule)	(b) Description	
Amount (\$) Payee address; City: State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Complete ONLY if direct					
TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) 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 Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date	Payee	name			
PURPOSE OF EXPENDITURE 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/OH Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Amount (\$)	Payee	address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	EVDENDITUDE	F	Political	Non-Po	olitical	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	OF	Categor	/ (See Categories listed at the to	o of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	stin, TX, officeholder living expense
		Cano	didate / Officeholder nam	e O	ffice sought	Office held
		ATTAC	H ADDITIONAL COST	56 OF THE 2	OUEDIN -	
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/	orms provided by Tayon Ethion				CHEDULE AS NE	EDED Revised 11/15/2022

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EVENDITURE CATE		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	GORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	tin, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	chedule) Description	
	Check if travel outside of Texas. Complete Scho	nedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	hedule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

SCHEDULE H

		EXPENDITURE CATE	GORIES FOR BO	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	de By litical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Re Office Overhead/Rei Polling Expense Printing Expense Salaries/Wages/Cor	ntal Expense ntract Labor	Solicitation/Fur Transportation Travel In Distri Travel Out Of I Other (enter a c	Equipment ct District	t & Related Expense
1 Total pages Schedule H:	2 ====	The Instruction Guide explai	ns how to complete	this form.			
Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics Co	mmission Filers)
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;		City;	Sta	ite;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule) (b) Des	scription			
	(c)	Check if travel outside of Texas. Complete So	hedule T.	Check if Austin,	TX, officeholder li	ving expen	se
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name	Office so	ought		Offi	ce held
Date	Business	name					
Amount (\$)	Business	address;		City;	Sta	te;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule) Desc	cription			
-A -		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder liv	ving expens	se
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office so				ce held
Date	Business	name					
Amount (\$)	Business	address;		City;	Stat	te;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule) Desc	cription			
		heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, 1	ΓX, officeholder liv	ving expens	e
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office so	ught		Offic	ce held
ormo providad la T		ACH ADDITIONAL COPIES O		LE AS NEED	ED		
orms provided by Texas E	uncs Commissio	on www.ethics	s.state.tx.us			R	evised 11/15/202

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 Filer ID	(Ethics C	commission Filers
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regar	ding type o	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regar	ding type o	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regard	ding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ling type of	information

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:
FILER NAI	ME	3 Filer ID (Ethics Commission Filers)
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	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City;	Amount (\$) State; Zip Code
Date	Address of person from whom amount is received; City;	
Date	Address of person from whom amount is received; City;	State; Zip Code
	Address of person from whom amount is received; City; Purpose for which amount is received	State; Zip Code Check if political contribution returned to filer