CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME Ruby J. Par	ham		15 Filer ID (Ethics	Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDA	TE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL		Waller Cot	inty Elections
		COMMITTEE ADDRESS	FEB (5 2018
		COMMITTEE CAMPAIGN TREASURER NAME	Re	ceived
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$	1862.63
	4. TOTAL	POLITICAL EXPENDITURES	\$	1862.63
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	^{THE} \$	3984.98
18 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		to be reported by me
<u> </u>		U		
AFFIX NOTARY STAM	P/SEALABOVE	See Declara	tion	
Sworn to and subsc	ribed before me,			
day of	, 20,	to certify which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Texas Et	thics Commission	www.ethics.state.tx.us		Revised 9/8/2015

UNSWORN DECLARATION

My name is Ruby Jeanette Parham, my date of birth is September 14,

1952, and my address is 916 Wilkins Street Hempstead, Texas 77445. I declare under penalty of perjury that the foregoing is true and correct.

Executed in Waller County, State of Texas, on the $\frac{4}{2}$ day of $\frac{1}{100}$

Juhan ____

Declarant

SUBTOTALS - JC/OH

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FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	mission Filers)
	Ruby J Parham	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	X SCHEDULE E(J): LOANS (JUDICIAL) this period	\$ 1762.63
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1862.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS same as sch F	\$ 1762.63
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Rub y J Parham	
4 Date 5 Full name of contributor □ out-of-state PAC II 1-2-2018 6 Gary Webb Contributor address; City; State; 12603 Big Stone Dr Houston Te	
8 Contributor's principal occupation	9 Contributor's job title
Retired - Insurance	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC	D#:) Amount of contribution (\$)
Contributor address; City; State;	Zip Code
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC	D#:) Amount of contribution (\$)
Contributor address; City; State:	Zip Code
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see instr	OF THIS SCHEDULE AS NEEDED uction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	ı.	1 Total pages Schedule A2:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coc	e	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	OULE AS NEEDED
1	f contributor is out-of-state PAC, please see instruction	in guide for	auditional reporting requirements.

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule B(J):			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	INITEMIZED PLEDGES		\$			
5 Date 6	Full name of pledgor out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Pledge \$ description			
7	Pledgor address; City; State; Zi	Code	Check if travel outside of Texas. Complete Schedule T.			
10 Pledgor's princip	pal occupation	11 Pledgor's job				
12 Pledgor's employ	yer/law firm	13 Law firm of p	ledgor's spouse (if any)			
14 If pledgor is a child, law firm of parent(s) (if any)						
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description			
	Pledgor address; City; State; Zi	p Code				
Pledgor's princip	pal occupation	Pledgor's job	Check if travel outside of Texas. Complete Schedule T.			
Pledgor's employ	yer/law firm	Law firm of p	oledgor's spouse (if any)			
If pledgor is a ch	nild, law firm of parent(s) (if any)					
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zip Code			Check if travel outside of Texas. Complete Schedule T.			
Pledgor's princip	pal occupation	Pledgor's job	title			
Pledgor's emplo	yer/law firm	Law firm of p	oledgor's spouse (if any)			
If pledgor is a cl	hild, law firm of parent(s) (if any)	1				
lf c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru	OF THIS SCHEI uction guide for a	DULE AS NEEDED additional reporting requirements.			

LOANS (JUDICIAL)

SCHEDULE E(J)

			1 Total pages Schedule E(J):		
The In:	struction Guide explains how to complete this f	orm.	1		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Ruby J. Pa	rham				
4 TOTAL OF UNI	TEMIZED LOANS	\$ 1762.63			
5 Date of loan	7 Name of lender Out-of-state PAC	9 Loan Amount (\$)			
see attached	Ruby J Parham (self)		1762.63		
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate 0		
Y N	916 Wilkins Street Hemps	stead Tx 77445	11 Maturity date		
			3-6-2018		
12 Lender's Principal	Occupation	13 Lender's Job Title			
Attorney		Attorney			
14 Lender's Employer/ Law Office	Law Firm of R J Parham	15 Law Firm of lender's spous None	se (if any)		
16 If lender is a child,	law firm of parent(s) (if any)				
NA		1			
account (See Instruc			were deposited into political ns)		
X none		X			
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)		
	21 Guarantor address; City;	State; Zip Code	0		
not applicable	NA				
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title			
NA		Na			
25 Guarantor's Employ	ver/Law Firm	26 Law Firm of guarantor's s	ntor's spouse (if any)		
	NA	NA	NA		
27 If guarantor is a child, law firm of parent(s) (if any) NA					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		
lf le	ender is out-of-state PAC, please see instruc	tion guide for additional repo	rting requirements.		

VISTAPRINT PAGE: 1

VistaPrint North America Sara Nash 781-652-6444

DATE: Jan 03, 2018

Description

SHIPPED ON: SHIPPED VIA: Amount

Total

TOTAL

68.99



UZ Marketing 5200 Mitchelldale St., Ste F22 Houston, Tx

DATE: Jan 03, 2018

Description

Amount

Total

SHIPPED ON: SHIPPED VIA:

TOTAL 328.00



UZ Marketing 5200 Mitchelldale St., Ste F22 Houston, Tx

DATE: Jan 18, 2018

Description

Amount

Total

SHIPPED ON: SHIPPED VIA:

TOTAL 715.64



Etargetmedia.com 6810 Lyons Technology Circle Suite 160 Coconut Creek FL

DATE: Jan 25, 2018

Description

Amount

Total

SHIPPED ON: SHIPPED VIA:

TOTAL 750.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME **3** Filer ID (Ethics Commission Filers) Ruby J Parham 2 4 Date 5 Payee name U Z Marketing 1-3-2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 5200 Mitcheldale St Set F22 Houston, Tx 217.35 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Ruby J Parham Judge Waller County Court at Law None Payee name Date VistaPrint North America 1-3-2018 Amount (\$) Pavee address: City: State: Zip Code Internet only 7816526444 68.99 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Design of Campaign signs EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Ruby J Parham Judge Waller County Court at Law None Payee name Date 1-18-2018 U Z Marketing Amount (\$) Payee address; City; State; Zip Code 5200 Mitcheldate Ste F22 Houston, Texas 715.64 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Advertising EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Ruby J Parham Judge Waller County Court at Law None ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FRO

		EXPENDITURE CATE	GORIES	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Fooc/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this f		head/Rental Expense pense ages/Contract Labor	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 F1:	2 FILER N				3 Filer ID (Ethics Commission Filers)
2					
4 Date	5 Payee na	ame			
6 Amount (\$)	7 Payee a	ddress; City; State; 2	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 <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought	Office held
Date	Payee na	ame			
Amount (\$)	Payee a	ddress; City; State; 2	Zip Code		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought	Office held
Date	Payee n	ame			
1-25-2018	etarg	getmedia.com			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
750.00	6810	Lyons Tec hnolog	y Circ	le Suite 16	0 Coconut Creek Fl
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this Raiser	schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct		date / Officeholder name		Office sought	Office held
expenditure to benefit C/OH Ruby J Parham Judge Waller County Court at Law None					urt at Law None

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

F1.

								- 44
S	С	Н	Ε	D	U	L	Е	F

Μ	POLITICAL	CONTRIBUTIONS

UNPAID INCURRED OBLIGATIONS

			EXPENDITURE CATE	GORIES FOR	BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment Office Overhead Polling Expense Printing Expense Salaries/Wages/	/Rental Expense e Contract Labor	Solicitation/Fundraising Expens Transportation Equipment & Re Travel In District Travel Out Of District Other (enter a category not liste	lated Expense	
		1						
1	Total pages Schedule F2:	2 FILER N	JAME	3 Filer ID (Ethics Commission	on Filers)			
4	TOTAL OF UNITEN	MIZED UNPAID INCURRED OBLIGATIONS \$						
5	Date	6 Payee name						
7	7 Amount (\$) 8 Payee address; City; State; Zip Code							
9	TYPE OF EXPENDITURE	P	Political	Non-Politica	I			
10		(a) Catego	ry (See Categories listed at the top of	his schedule)	(b) Descriptio	on		
							de T	
	PURPOSE OF					f travel outside of Texas. Complete Schedu	JIE I.	
	EXPENDITURE				Check	if Austin, TX, officeholder living expe	nse	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		didate / Officeholder name	Office	sought	Office held		
	Date	Payee r	name					
	Amount (\$)	Payee a	address; City; State;	Zip Code				
	TYPE OF EXPENDITURE	P	Political	Non-Politica	1			
		Catego	ry (See Categories listed at the top of	this schedule)	Descriptio	on		
	PURPOSE	l	, (Check it	f travel outside of Texas. Complete Schedu	ule T.	
	OF				Check	if Austin, TX, officeholder living expe	ense	
	EXPENDITURE							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Officeholder name	Office	sought	Office held		
							÷ (
		ATTAC	H ADDITIONAL COPIES	OF THIS SCH	EDULE AS NE	EDED		
L								
-	man manufield by Taysa Ethi	oc Commissio	n www.othi	e state ty us		Rev	ised 9/8/201	

SCHEDULE F2

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Commission

Revised 9/8/2015

EXPENDITURES MADE BY CREDIT CARD

EXPENDITO					SCHEDULE F4
		EXPENDITURE CAT	EGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Overhead Polling Expense Printing Expense Salaries/Wages	e /Contract Labor	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 F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACRED	ITCARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State	e; Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political		
10	(a) Catego	ory (See Categories listed at the top of	of this schedule)	(b) Descriptio	on
PURPOSE OF EXPENDITURE	e.				f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oł	Can H	didate / Officeholder name	Office	sought	Office held
Date	Payee	name			
Amount (\$)	Payee	address; City; State	e; Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica	I	
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top o	f this schedule)		ON f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholder name	Office	sought	Office held
	ΑΤΤΑΟ	H ADDITIONAL COPIES	OF THIS SCH	EDULE AS NE	EDED
Forms provided by Texas Ethics	Commission	www.ethic	s.state.tx.us		Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

(Personal Loans and same as expenditures)

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment						
1	Total pages Schedule G: 2	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ruby J Parham 3					
	Date 1-3-2018	5 Payee name UZ Marketing					
6	Amount (\$) 7 Payee address; City; State; Zip Code 228.00 5200 Mitcheldate St Ste F22 Houston Texas Image: State intended 5200 Mitcheldate St Ste F22 Houston Texas						
8	PURPOSE OF EXPENDITURE	(a) Category See Categories listed at the top of this schedule) advertising (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held Office Ruby J Parham Judge Waller County Court at Law None					
1	Date L-3-2018	Payee name VistaPrint					
Amount (\$) Payee address; City; State; Zip Code 68.99 Internet address only tel no 781-652-6444 X Reimbursement from political contributions interded							
PURPOSE Category (See Categories listed at the top of this schedule) Description OF advertising 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/C	Candidate / Officeholder name Office sought Office held OH Ruby J Parham Judge Waller County Court at Law None					
	Date 1-18-2018	Payee name UZ Marketing					
	Amount (\$) 715.64 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5200 Mitcheldale St Ste F22 Houston Tx					
	PURPOSE Category (See Categories listed at the top of this schedule) Description OF advertising Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH Ruby J Parham Judge Waller County Court at Law None					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
Foi	rms provided by Texas Et	hics Commission www.ethics.state.tx.us Revised 9/8/20					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment			rage Expense s/Memorials Expense	Office C Polling Printing	payment/Reimbursement werhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
			The Inst	ruction Guide explain	ns how to	complete this form.		
1	Total pages Schedule G: 2		аме J Parh	nam			3 Filer ID (Ethics Commission Filers)	
4	Date	5 Payee na	me					_
	1-25-2018	etarge	etmedi	a.com				
6	Amount (\$)	7 Payee ad	dress;	City; State; Zi	p Code			
	750.00 Reimbursement from political contributions intended	6810	Lyons	Technology	Circ	cle Suite 160	Coconut Creek FL	
8	PURPOSE OF EXPENDITURE	(a) Category email		es listed at the top of this so	hedule)		e of Texas. Complete Schedule T. K. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candio	date / Office	eholder name		Office sought	Office held	
	expenditure to benefit C/C	Ruby	J Park	am Judge W	alleı	County Cour	t at Law None	
	Date	Payee na	me					
	Amount (\$) Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE	Category	(See Categorie	es listed at the top of this sc	hedule)		e of Texas. Complete Schedule T. ., officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		date / Office	eholder name		Office sought	Office held	_
	Date	Payee na	me					-
	Amount (\$)	Payee ad	dress;	City; State; Zi	p Code			
	PURPOSE OF EXPENDITURE	Category	(See Categorie	es listed at the top of this sc	hedule)		of Texas. Complete Schedule T. , officeholder living expense	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Office	eholder name		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
5	rms provided by Texas Et			waaay othic				

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi		epayment/Reimbursement Sverhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide expla	ains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics Com	mission Filers)	
4 Date	5 Business	s name					
6 Amount (\$)	7 Business	address; City; State;	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this	s schedule) (Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Offic	e held	
Date	Business	s name					
Amount (\$)	Business	address; City; State;	Zip Code				
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	s schedule)		of Texas. Complete Schedule T. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	Offic	e held	
Date	Business	s name					
Amount (\$)	Business	address; City; State;	Zip Code				
PURPOSE OF EXPENDITURE	Category	 Gee Categories listed at the top of this 	s schedule)		of Texas. Complete Schedule T. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	Offic	e held	
	ТТА	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		
Forms provided by Texas Et	hios Commiss	on www.othi	ice etato tv	116		Davisad 0/0/201	

SCHEDULE **H**

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 S	CHEDULE AS NEEDED				

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

~		Instruction Guide explains how to complete this form.	
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 po	olitical 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 po	olitical 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 po	olitical 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 po	plitical contribution returned to filer

SCHEDULE K

OUTSTANDING LOANS

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SCHEDULE L

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Ruby J	Darham	
LENDER INFORMATION	4 Name of lender	
	Ruby J Parham	
	5 Lender address; City; State; Zip Code	
	916 Wilkins Hempstead Tx 77445	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

ASSETS VALU	JED AT \$500 OR MORE	SCHEDULE M
The Instruction	n Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Description of Asset		
Description of Asset		
Description of Asset		· · · · · · · · · · · · · · · · · · ·
Description of Asset		
Description of Asset		k
Description of Asset		
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

Forms provided by Texas Ethics Commission

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

1.

SCHEDULE T

The Instru	ction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:	
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	iture reported	on:				
Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	7 Name of	person(s)	traveling			
	8 Departur	e city or na	ame of departure locat	ion		
	0 Dostinati	on city or	name of destination lo	cation		
	9 Destination	on city of i	Tame of destination to	callon		
10 Means of transportati	on	11 Purpo	se of travel (including	name of conference, s	seminar, or other event)	
Name of Contributor	Corporation of	or Labor O	rganization / Pledgor /	Payee		
Contribution / Expend	liture reported	on:				
Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	dule 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					
	Destinati	ion city or	name of destination lo	cation		
Means of transporta	Ition	Purpo	ose of travel (including	name of conference	, seminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	/ Payee		
Contribution / Expend	diture reported	on:				
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	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)						
Means of transport	ation	Purp		g		
	A	ТТАСН А	DDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
	Ethics Commi	ission	www.eth	ics.state.tx.us	Revised 9/8/20	
Forms provided by Texas	Ethos Commi	001011				

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

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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	rure						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- ing 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.							
		Signatur	e of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	Α.	CAMPAIGN FUNDS						
	Checl	only one:						
		I do not have unexpended contributions or unexpended interest or income earned fro	m 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 of this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned political contributions and unexpended interest or income earned political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS						
	Chec	conly 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 understant 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.							
	Signature of Candidate							
5	5 OFFICEHOLDER •• Complete this section <i>only</i> 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.							
		Si	ignature of Officeholder					
		www.ethics.state.tx.us	Revised 9/8/201					