JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Tatal pages file	d.
The JC/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Etnics Commission Filers)	2 Total pages file 20	a.
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Ms. Ruby J NICKNAME LAST Parham	SUFFIX	Date Received	
	ADT / OUTE #	CITY: STATE; ZIP CODE	Waller Co	unty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	916 Wilkins Street Her			2 6 2018
	AREA CODE PHONE NUMBER	EXTENSION	-	occive0
5 CANDIDATE/ OFFICEHOLDER PHONE	(979) 8264838	EXTENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Ms Ruby	SUFFIX	Date Processed	
	Eddins		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / 916 Wilkins Street He		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(979) 8264838	EXTENSION		
9 REPORT TYPE	January 15 X 30th day before	e election Runoff	15th day af treasurer ag (Officeholde	
	July 15 8th day before	election Exceeded \$500 limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	1 / 26 / 2018 THR	2 / 24 /	2018	
	ELECTION	ELECTION TYPE		
11 ELECTION	Month Day Year X Primar 03 06 2018 Genera	Description		
40 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)	
12 OFFICE	None	Judge, Walle	r County (Court at La
	GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		1	15 Filer ID (Ethics	Commission Filers)
Ruby J. Par	ham			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDAT	'E'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
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
	American Control Control Control	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	700.00
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 \$	0.00
SAY A SAS	DENA NOLAN COMMISSION EXPIRI CEMBER 3, 20	I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Sode. Signature of Can	ormation required	to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE			
		0 T P = 1		2/2
/ /		by the said R. J. Pach am		e <u>& 4</u>
day of Februar	4, 20 18,	to certify which, witness my hand and seal of office.		
- Dena	holas	Dena Nolan	Nota	ry
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		T	
19	FILER NAME	20 Filer ID (Ethics Com	ımission 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.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	S	\$ 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 CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

T	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Rub y	J Parham		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contri out-of-state PAC II 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's 6	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>	
I ¹	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru		

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Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ТІ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Coc		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Contributor address City; State; Zip Contributor	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTAQUADDITION		
If	ATTACH ADDITIONAL COPIES OF Ti contributor is out-of-state PAC, please see instruction	HIS SCHEDU	LE AS NEEDED

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	Th	e 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	UNITEMIZED PLEDGES		\$
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution description
		7 Pledgor address; City; State; Zip	Code	
				Check if travel outside of Texas. Complete Schedule T.
10	Pledgor's princ	ipal occupation	11 Pledgor's job	o title
12	Pledgor's empl	oyer/law firm	13 Law firm of p	oledgor's spouse (if any)
14	If pledgor is a	child, law firm of parent(s) (if any)		
	Date	Full name of pledgor ut-of-state PAC (ID#:)	Amount . In-kind contribution of Pledge \$. description
		Pledgor address; City; State; Zi	p Code	
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's princ	cipal occupation	Pledgor's job	
	Pledgor's empl	loyer/law firm	Law firm of p	oledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)		
	Date	Full name of pledgor)	Amount In-kind contribution of Pledge \$ description
		Pledgor address; City; State; Zi	p Code	
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's princ	ipal occupation	Pledgor's job	title
	Pledgor's empl	oyer/law firm	Law firm of p	oledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)		
	If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru		

LOANS (JUDICIAL)			SCHEDULE E(J)
The Ir	nstruction Guide explains I	now to complete th	is form.	1 Total pages Schedule E(J):
2 FILER NAME Ruby J. Pa	arham			3 Filer ID (Ethics Commission Filers
4 TOTAL OF UN	ITEMIZED LOANS			\$
5 Date of loan	7 Name of lender	out-of-state P/	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate 11 Maturity date
Y N				IT Maturity date
12 Lender's Principal	Occupation		13 Lender's Job Title	
14 Lender's Employer	/Law Firm		15 Law Firm of lender's spo	use (if any)
16 If lender is a child,	law firm of parent(s) (if an	y)		
17 Description of Coll	ateral		18 Check if personal funds account (See Instruction	were deposited into political s)
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	21 Guarantor address;	City;	State; Zip Code	
not applicable				
23 Guarantor's Princi	oal Occupation		24 Guarantor's Job Title	
25 Guarantor's Emplo	yer/Law Firm		26 Law Firm of guarantor's	spouse (if any)
27 If guarantor is a ch	nild, law firm of parent(s) (if	f any)		
If le			S OF THIS SCHEDULE AS NI uction guide for additional rep	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		s Expense Printing Expen		Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction C	Guide explains how to comp	olete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURR	ED OBLIGATIONS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; C	ity; State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Politic	al	
10	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description	
PURPOSE			Check if trav	rel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officehold	er name Offic	e sought	Office held
Date	Payee name			
Amount (\$)	Payee address; C	ity; State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Politic	cal	
	Category (See Categories liste	ed at the top of this schedule)	Description	
PURPOSE			Check if trav	vel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehold	ler name Offic	e sought	Office held
				. 1
				1 1
	ATTACH ADDITIONAL	COPIES OF THIS SCI	HEDULE AS NEE	DED
1				D

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction of the	SCHEDULE
2 FILER NA	The Instruction Guide explains how to complete this form. ME	1 Total pages Schedule F3:
4 Date	5 Name of	3 Filer ID (Ethics Commission Filers)
	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	
	Ci	ty; State; Zip Code
	7 Description of investment	
	8 Amount of	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased.	
	Address of person from whom investment is purchased; City;	
	J.i.y,	State; Zip Code
-	Description	
	Description of investment	
	Amount of investment (\$)	
		\
		3
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	erhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeriolder/Folitical	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	9	
TYPE OF EXPENDITURE	Political Non-P	Political	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

					SOUTE G
Ad		EXPENDITURE CAT	EGOL		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donation Candidate/Officehold Credit Card Payment	s Made By er/Political Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loa Offic Polli Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District
1 7		The Instruction Guide expla	ins hov	/ to complete use	Other (enter a category not listed above)
1 Total pages Sched	ule G: 2 FILER NA	ME		to complete this form.	20000)
	Ruby	J Parham			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nar	ne			(Ethics Commission Filers)
2-23-2018		tmedia.com			
6 Amount (\$)					
500.00	7 Payee add	ony, State, Z	ip Code		
X Reimbursement from political contribution intended	6810 I	yons Technology	Cir	cle Suite 160	Coconut Creek FL
8 PURPOSE	(a) Category (S	ee Categories listed at the top of this sch		1	
OF	emaila	danageries listed at the top of this sch	redule)	(b) Description	
EXPENDITURE	cilia i a	dvertising		Check if travel outside o	f Texas. Complete Schedule T.
9 Complete ONLY if dir	ect Candidat	0 / 0#		Check if Austin, TX,	officeholder living expense
expenditure to benefit	C/OH	e / Officeholder name			
	- Raby U	Parham Judge Wa	lle	County Court	Office held
Date	Payee name				at Law None
2-16-2018					
Amount (\$)	- avid	Richards			
200.00	Payee addre	ss; City; State; Zip (Code		
Reimbursement from political contributions intended	2720	13th Street	HEN	MPSTEAD TX	77445
PURPOSE	Category (See	Categories listed at the top of this schedu			
OF EXPENDITURE	Sign		ule)	Description	
	sign m	aiantenance		Check if travel outside of Tex	Kas. Complete Select 1
Complete ONLY if direct				Check if Austin, TX, office	eholder living even
expenditure to benefit C/	OH OH	Officeholder name	(240	
Det	Ruby J.	Parham Judge W		odgii	Office held
Date	Payee name	warn budge vv	<u>aller</u>	County Court a	it Law A.
					t Law None
Amount (\$)	Payee address;				
	ayce address;	City; State; Zip Coo	de		
Reimbursement from political contributions intended					
PURPOSE	Category (See Cate				
OF	O J (Oce Cate	gories listed at the top of this schedule)		Description	
XPENDITURE			1		
mplete ONLY if direct	Cost		1 1	Check if travel outside of Texas. C	Complete Schedule T.
penditure to benefit C/OH	Candidate / Off	iceholder name		Austin, IX, officehold	der living expense
			Offic	e sought	
	ATTACH ADD	Tion			Office held
		TIONAL COPIES OF THIS S	CHEC	III E AO	
rovided by Texas Ethics	Commi		- OILED	OLE AS NEEDED	
, and Luncs	Commission				
		www.ethics.state.tx.	US		

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/Officeholder/Political Committee

Event Expense Foes Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Credit Card Payment Travel Out Of District
Other (enter a category not listed above) 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** OF ___ Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** Description __ Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE Description OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 9/8/2015

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

1 Tatal	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule	I: 2 FILER NAME	3 Filer ID (Ethics Commission Fil
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	2
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.)
ate	Payee name	
mount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF XPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS SC	

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

FILER N	The Instruction Guide explains how to complete this form. 1 Total pages	Schedule K:
	AME	Phys.
	3 Filer ID (E	thics Commission Filers)
Date	5 Name of person from whom amount is received	
		8 Amount (\$)
	6 Address of person from the	
	6 Address of person from whom amount is received; City; State; Zip Code	
	7.0	
	7 Purpose for which amount is received	
		on returned to filer
Date	Name of person from whom amount is received	Amount (\$)
		γ πισαπι (φ)
	Address of person from whom amount is received; City; State: Zin Code	
	State; Zip Code	
	Purpose for which amount is received	
	Check if political contribution	n returned to filer
ate	Name of person from whom amount is received	
	a decent of the centre of the	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpos for U.	
	Purpose for which amount is received Check if political contribution	returned to filer
Date		
ate	Name of person from whom amount	
ate	Name of person from whom amount is received	Amount (\$)
ate	********	Amount (\$)
ate	Address of person from whom amount is received:	Amount (\$)
ate	Address of person from whom amount is received.	Amount (\$)
ate	Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
ate	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received.	
ate .	Address of person from whom amount is received; City; State; Zip Code	
ate	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received.	
ate	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution	
te	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received.	

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

ASSETS VALUED AT \$500 OR MORE SCHEDULE M 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Description of Asset ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instr	uction Guide e	1 Total pages Schedule T:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	diture reported o	on:						
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	☐ Sched	ule 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 na	ame of departure loca	tion				
	9 Destination	n city or i	name of destination lo	cation				
		-						
10 Means of transportat	tion 1	11 Purno	se of travel (including	name of conference, se	eminar or other event\			
10 Means of transportar		· ruipo	se of traver (including	name of conference, se	eminar, or other eventy			
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reported o	n:						
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sched	ule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of p	oerson(s)	traveling					
	Departure	city or na	ame of departure loca	tion				
	Destination	n city or r	name of destination lo	cation				
Magna of transports	1	D		, ,	***			
Means of transporta	ltion	Purpo	ise of travel (including	name of conference, s	seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	diture reported o	n:						
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of p	person(s)	traveling					
	Departure	city or no	ame of departure locat	ion				
	Departure	city of fie	ame of departure local	ion				
	Destination	n city or n	name of destination lo	cation				
Means of transporta	tion	Purpo:	se of travel (including	name of conference, s	seminar, or other event)			
	1				41			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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		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	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE
	ing a re	et expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate eport as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign outions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		R WHO IS NOT AN OFFICEHOLDER inplete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	ck 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.
	B.	ASSETS
	Chec	ck 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.
		Signature of Candidate
5		EHOLDER
		plete 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.
		Signature of Officeholder