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Austin, Texas 78711-2070

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(512) 463-5800 (TDD 1-800-735-2989)

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	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH Cover Sheet pg 1
The C/OH Instruction (Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX Amsler	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX: APT/SUITE #: CITY: STATE: ZIP CODE P.O. BOX 648 Hempsterd, TX 77445	APR 300 F
change of address		Receipt # Arround -<-<
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 931-5356	Date Processed
6 CAMPAIGN TREASURER NAME	MS/RS)MR FIRST MI CONNIE L. NICKNAME LAST SUFFIX	Date Imaget
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOPOBOX PLEASE); APT/SUITE #; CITY, STATE; 26472 White Pine Drive Hempstered, TX 77445	ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code phone number extension (979) 826-4866	-m
9 REPORT TYPE	January 15 July 15 Sth day before election Runoff	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day 1/20/2012 THROUGH 4/19	Year 2012
11 ELECTION	Month ELECTION DATE ELECTION TYPE Month Day Year ELECTION TYPE 5/29/2012 Runoff	General Special
12 OFFICE	OFFICE HELD (Nany) N/A 13 OFFICE SOUGHT (NANOW WALLER CO Precinct #	iunty Commissimer +1
	GO TO PAGE 2	angan genera ya mena kana da ka

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Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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FORM C/OH COVER SHEET PG 2

	<u> </u>		
14 C/OH NAME	in A. An		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN EB AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE		
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	· · · · · · · · · · · · · · · · · · ·	
		COMMITTEE CAMPAIGN TREASURER NAME	
dditional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2674.13
EXPENDITURE TOTALS	3. TOTAL F	MIZED \$ -0-	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1877.10
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1093.91
OUTSTANDING LOAN TOTALS	• • • • • • • • • • •	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ - 0 -
18 AFFIDAVIT	JONELLE HAI	MACK IEXPIRES 2015	f perjury, that the accompanying report Il information required to be reported by
AFFIX NOTARY STAN Sworn to and sub		me, by the said <u>John A. Ams</u>	ler, this the
30^{Tu} day	of Apri	1 20 1 2, to certify which, witness	my hand and seal of office.
Signature of officer adm	Hannan . inistering oath	ack Johne He Hammack Printed name of officer administering oath	Title of officer administering oath

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Sct	iedule A: 2
2 FILER NAME	John A. Amsler	3 ACCOUNT # (E	thics Commission Filers)
4 Date	 5 Full name of contributor □out-of-state PAC(1D#) Bethany Soule 6 Contributor address; City; State; Zip Code 6025 Sugar Hill 	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	HOUSTON, TX 77057 Dation / Job title (See Instructions) 10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor [] out-of-state PAC (ID#) Eleanor Tilghman	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/15/2012	Eleanor Tilghman contributor address; City: State; Zip Code 40687 FM 2979 Hempstead, TX 77445-9158	\$ 200.00	
Principal occup	bation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(11)#) Richard E. Logan Contributor address; City; State; Zip Code 27144 JONES ROad	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/16/2012	27144 Jones Road Hempsterd, TX 77445	(If travel outside	' of Texas, complete Schedule T)
Principal occup	bation / Job title (See Instructions) Employer (See	- -	
Date 3 30 2012	Full name of contributor [] out-of-state PAC (10#) Hodge Hixson Contributor address; City; State; Zip Code 30203 Bramblevine Drive	Amount of contribution (\$)	In-kind contribution description (if applicable) #504,13
Principal occur	MAgnolia, Texas 77355 Dation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
		1 Amount of	In trian combrits, dias
Date 4/6/2012	Full name of contributor I out-of-state PAC(10#) Rebecca D. Eplen Contributor address: City: State: Zip Code 401 SApphire Drive College Station Texas 77845	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Deation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
if c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE contributor is out-of-state PAC, please see instruction guide forad		requirements,

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(TDD 1-800-735-2989)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	; form.	1 Total pages Sch	iedule A: 2
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
e Jr	Sha A Amele-		_	
4 Date	5 Full name of contributor		7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
4/6/2012	William M. Eplen 6 contributor address; city; State; Zip Code 37184 Brumlow	<i>.</i>	•	
,,	37184 Brumlow		\$ 500,00	
	Hempstern, Texas 77445	>	(If travel outside	of Texas, complete Schedule T)
9 Principal occuj	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
3/26/2012	Hodge Hixson Contributor address; City; State; Zip Code 30,203 Bramble vine Drive		contribution (\$)	description (if applicable)
	30,203 Bramblevine Drive		\$20.00]
	MAGNOLIA, TX 77355		(16 transmit as defines	af Tawaa aaamalata Cabadula Th
Principal occur	pation / Job title (See Instructions)	Employer (See	· · · ·	of Texas, complete Schedule T)
•	•			
Date	Full name of contributor Out-of-state PAC (iD#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	I of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	· ···· ····	
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor i out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			8
				1
Dringing!	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	paren / yen ure (ece manuerens)	Employer (dee		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				
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PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇔ ⇔	⇒ ⇔ ⇔ ⇒ \$
 5 Date 6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code) 8 Amount of 9 In-kind description pledge (\$) (if applicable)
7 Pledgor address; City; State; Zip Code	
10 Principal occupation / Job title (See Instructions) 11 Emp	(if travel outside of Texas, complete Schedule T) loyer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#	Amount of In-kind description pledge (\$) (if applicable)
Pledgor address; City; State; Zip Code	
+	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#	Amount of In-kind description pledge (\$) (if applicable)
Pledgor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
Date Fuil name of pledgor out-of-state PAC (ID#	Amount of In-kind description pledge (\$) (if applicable)
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Emp	(If travel outside of Texas, complete Schedule T)
Date Full name of pledgor Out-of-state PAC (ID#	Amount of In-kind description pledge (\$) (if applicable)
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Emp	(If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS	

Texas Ethics Commission

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Austin, Texas 78711-2070

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LOANS			SCHEDULE	E	
The	Instruction Guide explains how to comp		1 Total pages Schedule E:		
2 FILER NAME	2 FILER NAME John A. Amsler 3 Account			Filers)	
4 TOTA	L OF UNITEMIZED LOANS:	* + + + + + +	\$ 7500	-	
5 Date of loan	7 Name of lender] out-of-state PAC (ID#:) 9 Loan Amount (\$)		
3/2/2012	John A. Amsler		\$750.00	D	
6 Is lender a financial Institution?	ender 8 Lender address; City; State; Zip Code 10 inancial D. C. R. (197				
\cap	Hempsterp, Texas	mille	11 Maturity date		
YN		13 Employer (See Instructions)	-0-		
	on / Job title (See Instructions)		cintes REALESTA	10	
Rent Estat		17/10/20 4/17500 15 Check if personal funds were		1e	
14 Description of Coll					
			19 Amount Guarantee	ed (\$)	
16 GUARANTOR INFORMATION	17 Name of guarantor			- (+)	
not applicable		State; Zip Code 21 Employer (See Instructions)			
Date of loan	Name of lender [] out-of-state PAC (ID#) Loan Amount (\$)		
is lender a financial	Lender address; City; State;	Zip Code	Interest rate		
Institution?			Maturity date		
Y N Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	l		
			depending political approved		
Description of Coll	ateral		deposited into political account		
			Amount Guarantee	ed (\$)	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
lf len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEE truction guide for additional rep			

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711	-2070 (512) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES				SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	RE CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R side explains how to	ntract Labor Lo ising Expense Tr Co rict ental Expense O	ontributions/Dona Candidate/Offic THER (enter a ca	ipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME John A. A.	msler		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 9/4 /2012	5 Payee name HArlan Clark (7 Payee address; City;		Prosperity	BANK	
6 Amount (\$) #23.00	1250 Austin	Street			
	Hempstern,			····	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the Accounting / BANK		(b) Description (if	travel outside of Tex	as, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na		Office sought		Office held
Date / 23/2012	Payee name MAGNO lin Sign Payee address; City;	Source			
Amount (\$)	Payee address; Čity; 38001 FM 1770	State; Zip Code			
\$500.00	MAgnolia, Texa				
PURPOSE OF EXPENDITURE	Category (See categories listed at the Advertising Exp		Description (If	travel outside of Tex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na		Office sought		Office held
Date 3123/2012	Payee name Office Depot	t		· · · · · · · · · · · · · · · · · · ·	
Amount (\$) # 71, 75	Payee address; City; 14434 FM S Tomball, TexA				
PURPOSE OF EXPENDITURE	Category (See categories listed at It OthER - Office Sta	ne top of this schedule)		travel outside of Tex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na		Office sought		Office held
Date 31,28/12	Payee name WAJMART			· · · · · · · · · · · · · · · · · · ·	
Amount (\$) # 8.6D	WAIMART Payee address; City; 625 Highway 2 Hempsterd, Ty	90 E (77445			
PURPOSE OF	Category (See categories listed at the		Description (II	travel outside of Tex	(as, complete Schedule T)
EXPENDITURE Complete ONLY if direct	Advertising - Busine Candidate / Officeholder na		Office sought		Office held
expenditure to benefit C/	OH ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS N	EEDED	
	ALIAVITADDITIONA				

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POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to o	ntract Labor sing Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F:	2 FILER NAME John A. Amsler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3 30 2012	Repun's Hardware	
6 Amount (\$) #36,36	7 Payee address; City; State; Zip Code 71912th Street	
8 PURPOSE	Hempsterad, TX-77445 (a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE 9 Complete ONLY if direct	Event Expense - Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		
Date 330 2012	Payee name WAIMArt	
Amount (5) \$114.79	Payee address; City; State; Zip Code 625 Highway 290 E. Hempstead, TX 17445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 3 30 2012	Payee name Dollar General	
Amount (5) #16.24	Payee address; City; State; Zip Code 560 Business 290 E Hempsterad, TX 17445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 41412 Amount (\$) \$90.71	Payee name <u>Tractor</u> <u>Supply</u> Payee address; City; State; Zip Code Q320 Highway 6	
PURPOSE OF	NAVASOLA TEXAS 77868 Category (See categories listed at the top of this schedule) Advise to the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officenolder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (512)	463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES	; 			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	JRE CATEGORIES Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F Suide explains how to	ontract Labor Lo tising Expense Tra Co trict Rental Expense O1	ntributions/Dona Candidate/Office	pment & Related Expense
1 Total pages Schedule F: 4	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date 4/6/2012	5 Payee name Johnson Grap 7 Payee address; City;	hics			
6 Amount (\$) #62.62	P.O. ISOX 509 WAller, Texas	77484			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Advertising Ex	•	(b) Description (If t	ravel outside of Texa	s, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder n DH	ame	Office sought	• • • •	Office held
Date 4/6/2012	Payee name Hometown Hi	Ardware			
Amount (\$) \$540,19	Payee address; City; 2205 Huy 15 HempsterD, T	State; Zip Code 9 X 77445			
PURPOSE OF EXPENDITURE	Category (See categories listed at Advertising Ex	the top of this schedule)	Description (if the	avel outside of Texa	s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n	ame	Office sought		Office held
Date 4/11/2012	Payee name News Citiz	EN			
Amount (\$) #34.00	Payee address; City; 350 Business & Hempsterno, TX	-			
PURPOSE OF EXPENDITURE	Category (See categories listed at Adubr tising Exp	the top of this schedule)	Description (If the	avel outside of Texa	s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n		Office sought		Office held
Date 4/13/12 Amount (\$) # 26.00	Payee name <u>The Holline</u> Payee address; City; 1116 Austin S	treet			
PURPOSE	Hemp Sterno, T Category (See categories listed at D.L	the top of this schedule)	Description (If t	ravel outside of Texa	3, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Candidate / OfficeHolder n	<u>XPMSES</u> ame	Office sought		Office held
·	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE AS NE	EDED	

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Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 78711	-2070 (512	?) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES				SCHEDULE F
·····	EXPENDITU	RE CATEGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundraí Travel In District Travel Out Of Distu Office Overhead/Ro	sing Expense T C rict ental Expense O	ontributions/Donat Candidate/Office THER (enter a cat	pment & Related Expense
4 Total names Cabadula Cr	2 FILER NAME	ide explains how to c	complete this form		4 (Ethics Commission Films)
1 Total pages Schedule F:	John A. Ams	ler		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 4/13/2012	5 Payee name WAIMArt				
6 Amount (\$) # 51,84		State; Zip Code			
8 PURPOSE	(a) Category (See categories listed at th		(b) Description (If	travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Advertising Expe	nse	(-)		·····,
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na DH	me	Office sought		Office held
Date 4/18/2012	Payee name Ho Hine Press Payee address; City;				
Amount (\$)	Payee address; City; 1116 Austin Stre	State; Zip Code			
\$51.00	Hempstero, TX	71 445			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Advertising Ex		Description (If	travel outside of Texas	s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na		Office sought		Office held
3/2/2012	Payee name WAILE- County Payee address; City; P.O. Box 697	Republicions	Party - C	hair	
3/2/2012 Amount (\$) \$150.00	Payee address; City; P.O. Box 697 Patison, TX 7	State; Zip Code	·		
PURPOSE	Category (See categories listed at th		Description (II	travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na DH	me	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at th	e top of this schedule)	Description (II	travel outside of Texa	s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder na OH	me	Office sought		Office held
	ATTACH ADDITIONA	L COPIES OF THIS S	SCHEDULE AS N	EEDED	

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	LEXPENDITURES OM PERSONAL FUNDS	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Transpire Food/Beverage Expense Travel In District Contrib Polling Expense Travel Out Of District Can	epayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee & (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME 3	ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel	outside of Texas, complete Schedule T)
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 schedule) Description (If travel	outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel	outside of Texas, complete Schedule T)
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 schedule) Description (If travel	l outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	ED

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	ROM POLITICAL CONESS OF C/OH	ONTRIBU	FIONS	SCHEDULE H
	EXPENDITURE	CATEGORIES	FOR BOX 8(2)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule H:	The Instruction Guide	explains now to t	complete this for	ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	e Office held
Date	Business name	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	t Office held
Date	Business name			
Amount (\$)	Business address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	t Office held
Date	Business name			
Amount (\$)	Business address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	•	Office sough	t Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULEAS	NEEDED

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	FICAL EXPENDITUR	SCHEDULE			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense	CATEGORIES FOR BOX 8(Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule I: N/A	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information		On (See instructions regarding type of information required.)		
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule) Description	On (See instructions regarding type of information required.)		
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule) Descripti	on (See instructions regarding type of information required.)		
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule) Descript	ion (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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	EST EARNED, OTHER CREDITS/GA IDS, AND PURCHASE OF INVESTMI		SCHEDULE K		
Tł	lule K:				
2 FILER NAM					
4 Date	 5 Name of person from whom amount is received Trustmark BANK 6 Address of person from whom amount is received; City; State; Zip B40. 13 th Street Hempsterad, TX 77445 7 Purpose for which amount is received 	p Code	8 Amount (\$) ,014		
	interest on DANK Account				
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; State; Zi				
	Purpose for which amount is received				
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zit	Amount (\$)			
	Purpose for which amount is received				
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; State; Zi	p Code			
	Purpose for which amount is received				
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NEEDED			

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS					
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T: N/A			
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
4 Name of Contributor / Corpo	oration or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure re	eported on:				
Schedule	A Schedule B Schedule C Sch	edule D 🔲 Schedule F 🗌 Schedule G			
Schedule	H Schedule N COH-UC CO	H-T PAC-C PAC-E			
6 Dates of travel 7 N	lame of person(s) traveling				
8 D	eparture city or name of departure location				
9 D	estination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conferen	ce, seminar, or other event)			
Name of Contributor / Corpor	ation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure rej	ported on:				
Schedule	A Schedule B Schedule C Sch	edule D 🗌 Schedule F 📄 Schedule G			
Schedule	H Schedule N COH-UC CO	H-T 🗌 PAC-C 🗌 PAC-E			
Dates of travel Na	me of person(s) traveling	ng kanalan da kanalan d			
Dep	Departure city or name of departure location				
Des	tination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contributor / Corpo	ration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure re	ported on:				
Schedule	A Schedule B Schedule C Sch	nedule D 🗌 Schedule F 🗍 Schedule G			
Schedule	H Schedule N COH-UC CO	H-T PAC-C PAC-E			
Dates of travel Na	me 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	Purpose of travel (including name of conference, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED			

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		IDIDATE / OFFICEHOLDER REPORT: IGNATION OF FINAL REPORT	FORM C/OH - FR		
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	IAME	2 ACCOUNT # (Ethics Commission Filers		
3	SIGN	TURE	1		
	report a	expect any further political contributions or political expenditures in connection with my os a final report terminates my campaign treasurer appointment. I also understand that I n any campaign expenditures without a campaign treasurer appointment on file.			
		Signa	ture of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••			
	A .	CAMPAIGN FUNDS			
	Chec	k onty 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 not convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions contributions or unexpended interest or income earned on political contributions lon report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code,	ed on political contributions to personal and that I may not retain unexpended ger than six years after filing this final is and unexpended interest or income		
	В.	ASSETS			
	Chec	k 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 p I may not convert assets purchased with political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contributio of Election Code, § 254.204.	e from political contributions to personal		
			Signature of Candidate		
5		CEHOLDER plete this section only if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who do I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contribu- contributions or interest or other income from political contributions.	fter filing the last required report as an		

Signature of Officeholder

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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