CANDIDATE / OFFICEHOLDER CAMPAIGN 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	2HN		Date Received
	NICKNAME LAST	SUFFIX	14 F
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUITE#; CITY; 18859 Schmidt Waller, Tx.7748		THE POST OF PO
change of address			Receipt
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (381) 667-5150	EXTENSION	Date Processed 28
6 CAMPAIGN TREASURER NAME	(MS) MRS/MR 667-5150 FIRST EILEE		Date Imaged
	NICKNAME LAST BIRN	EY SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; St. 1545 Main St.;	city: state; Hempstea	ed, TX, 77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979 525-603	EXTENSION	
9 REPORT TYPE	July 15 July 15 30th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Atlach C/OH - FR)
		limit	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day $2-/22$	
11 ELECTION	S / H / J H ELECTION TYPE Bay Year Primary Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	COUNTY	oners Court
	,	Commissi	ioners Court
	GO TO PAG	SE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·				
14 C/OH NAME	XM E	NG	5 ACCOUNT # (Ethics Commission Filers)	
NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMUTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	NIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,014.48	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	DAY \$ 0	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
			perjury, that the accompanying report information required to be reported by	
Signature of Candidate or Officeholder				
AFFIX NOTARY STAM				
Sworn to and sub-	1 -1	me, by the said Sam Englished	, this the	
Bacu Roy	MALIN	Staci I Romanium	ny hand and seal of office.	
Signature of officer admi	inistering oath	Printed name of officer administering oath	Notary Public State of Towns	
www.ethics.state.tx.us			My Commission Expires FEBRUARY 29, 20162013	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The In	struction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	SAMENG		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occupa	tion / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	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 occupa	tion / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)
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	 of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See		or toxage complete contiduate 17
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	। of Texas, complete Schedule T)
Principal occupat	tion / Job title (See Instructions)	Employer (See I	nstructions)	
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 occupat	tion / Job title (See Instructions)	Employer (See I	7	
If cor	ATTACH ADDITIONAL COPIES O			. \.

P.O. Box 12070

(512) 463-5800

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete	this form.	1 Total pages Scho	edule B:
SAM ENG		3 ACCOUNT # (En	thics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES:	⇒ ⇒ ⇒ ⇒	$\Rightarrow \Rightarrow$	\$
5 Date 6 Full name of pledgor out-of-state PAC (ID)	#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip C	ode		
		(If travel outside of	of Texas, complete Schedule T)
10 Principal occupation Job title (See Instructions)	11 Employer (See In	nstructions)	
Date Full name of pledgor out-of-state PAC (ID	#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip C	ode		
		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See II	nstructions)	
Date Full name of pledgor out-of-state PAC (ID:	#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip C	ode		
			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#	*:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip C	ode		
Principal occupation / Job title (See Instructions)	F	<u> </u>	of Texas, complete Schedule T)
(See Instructions)	Employer (See I	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#	<u>*</u>)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip C	ode		
Principal cocupation / Job title (See Instructions)	F		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir		
ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see in			requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ontract Labor Loa	n Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra		nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		stributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee
	Printing Expense Office Overhead/R		
Fees			HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
i Star pages conceded .	CA KK Thi		C //COOCHT # (Editos Collilliasion Filers)
/	SAM ENG		
4 Date	5 Payee name		
4.500	3 rayce hame		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF	,		l
EXPENDITURE			l
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	N U		
English Commence of the Commen	1		
Date	Rayee name		
Amount (\$)	Payee address; City; State; Zip Code		
Amount (\$)	Payee address, City, State, Zip Code		
		4-14-14-14-14-14-14-14-14-14-14-14-14-14	
* PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF			· · · · · · · · · · · · · · · · · · ·
EXPENDITURE '			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H \		
Date	Payee name		
Bato			
			l
Amount (\$)	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
			1
			1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF			I
EXPENDITURE			1
	0	2	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		l
Date	Payee name		
			l
Amount (\$)	Payee address; City; State; Zip Code		
Amount (4)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
	On did to 100° 111	0.00	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	DH		
			\
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES 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/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above)

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

	The instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
1683	SAMENG
4 Date	5 Payee name
2-24-14	Hempstead Seafood + STEAK
6 Amount (\$) \$ 19.45	7 Payee address; City; State; Zip Code
Reimbursement from	210 Cotton Wood St.
political contributions intended	Hempstead. Tx 77445
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Foodbeverage Exp. Consult with treasurer.
Date	Payee name
2-20-14	Las Fuentes Mexican Restaurant
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from	601 10 m SL.
political contributions intended	Hempstead IX. 72445
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/beverage Exp. Meeting with workers
Date	Payee name
2-33-14	t Denny's
Amount (\$) 2,67	Payee address; City; State; Zip Code Dr,
Reimbursement from political contributions intended	Hempstead, Ty. 77445
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Foodpeverage exp. "about report due.
Date	Payee name
2-24-14	Dennyls
Amount (\$) 4.66	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	Censpetted , Tx 7744
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Foodbouggase of meet with the wind
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	ALIANTADUTTONAL COFTES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE	CATEGORIES FOR BOX 8(a	a)
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this f	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3000	Sam Eng		
4 Date	5 Payee name		
2-1/19	Casa Mar	ia Mexican	
6 Amount (\$) 20,24	7 Payee address; City; Sta	tte; Zip Code	
Reimbursement from political contributions intended	Katy, Tx774	149	
B PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food/bevera	geelf Disca	55 campaignstateg
Date MAD I V	Payee name	1)	
2-41-17	Las Fuentes	Mexican R	estaurant
Amount (\$) 7570	Payee address; City: Sta	te; Zip Code	TX 77 445
Reimbursement from political contributions intended		, mongeture,	
PURPOSE	Category (See categories listed at the top	10 - 10 -	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the to)	of this schedule) Description A a n d A b b c	out Role Cande
OF EXPENDITURE	Foodbevenag	10 - 10 -	on (If travel outside of Texas, complete Schedule T)
OF	Category (See categories listed at the to) FOR DELLA PAGE Payee name Khofer	10 - 10 -	out Role Cande
Date Amount (\$)	Foodbevenag	e eff. Adva	out Role Cande
Date 1-27-14	Ford beverage Payee name Khofer	e eff. Adva	out Role Cande
Date -27-14 Amount (\$) 107-35 Reimbursement from political contributions intended PURPOSE	Payee name Khofev Payee address; City; Sta ### 375 Category (See categories listed at the top of	e eff. Adve	out Role Cande
Date -27-14 Amount (\$) Flo7-35 Reimbursement from political contributions intended	Payee name Khofev Payee address; City; Sta # 375	e eff. Adve	entising effects
Date -27-14 Amount (\$) 107-35 Reimbursement from political contributions intended PURPOSE OF	Payee name Khofev Payee address; City; Sta ### 375 Category (See categories listed at the top of	e eff. Adve	out fol. Jands entising eigenso
Date -27-14 Amount (\$) 107-35 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee name Khogev Payee address; City; Sta # 375 Category (See categories listed at the top of the content	e eff. Adve te; Zip Code of this schedule) Description of this schedule) Adve Mex. Cafe	out fol. Jands entising eigenso
Date -27-14 Amount (\$) 107-35 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date - 14-14	Payee name Khogev Payee address; City; Sta # 375 Category (See categories listed at the top of the company) Payee name Lo S Cucos	e eff. Adve te; Zip Code of this schedule) Description of this schedule) Adve Mex. Cafe	out fol. Jands entising eigenso
Date -27-14 Amount (\$) Purpose OF EXPENDITURE Date	Payee name Khogev Payee address; City; Sta # 375 Category (See categories listed at the top of the company) Payee name Lo S Cucos	e eff. Adve te; Zip Code of this schedule) Description of this schedule) Of this schedule)	out fol. Jands entising eigenso
Date -27-14 Amount (\$) Feinbursement from political contributions intended Date Purpose OF EXPENDITURE Date Purpose OF EXPENDITURE	Payee name Khogev Payee address; City; States at the top of the control of the	e eff. Adve te; Zip Code of this schedule) Description of this schedule) Of this schedule)	out for and sent entremed and sent sent sent of sent o

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES 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/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Office Overhead/Rental Expense OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.	,
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2000	SAM Eng	
4 Date	5 Payee name	- /
7-49-14	Hempsterd Statoog +S	leak)
6 Amount (\$)	7 Payee address; City; State; Zip Code	
29.11	210 Cattonwood ST.	
Reimbursement from political contributions intended	House to do to my 11115	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If tra	evel outside of Texas, complete Schedule T)
OF	(c) Description (in a	ver outside of rexas, complete scriedule 1)
EXPENDITURE	1009/ Deverage up. Discu	ss campaign
Date	Payee name	0
3-22-14	Pairy Queen	
Amount (\$)	Payee address; City; State; Zip Code	77445
A DI	014 290, Nempettad, 1X	77443
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If tra	ivel outside of Texas, complete Schedule T)
OF EXPENDITURE	Frankhonen ado - WAD D's Com	-C + M On - 1
	1009/2000 enge 21/10/15 CHS	5 Campaign
Date	Payee name	
62-04-14	Gatiles Mexican	Restaurant.
# 43.63	Payee address; City; State Zip Code	
Reimbursement from political contributions	10 ct. 12 = x = 11/6	
intended	Pattison, 1x. 21900	
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE		
Date	Payee name	
2-12-14	0 1 1-1	
Amount (\$) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee address; City; State; Zip Code	
Amount (\$)592.07	Payee address; City; State; Zip Code	
Reimbursement from political contributions	(not and b) or Vixing Hand	
intended	Cotoron and and and and and and and and and an	Λ
PURPOSE	Category (See categories listed at the top of this schedule) Description (If train Description (If train	vel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising EXD. bush	MARIA
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	DED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	, ,	Loan Repayment/Rei	imbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai	ising Expense	Transportation Equip	ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	
Event Expense	Polling Expense	Travel Out Of Distr		Candidate/Officeh	nolder/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense (OTHER (enter a cate	egory not listed above)
	The Instruction Guide	explains how to	complete this form	n.	
1 Total pages Schedule H:	2 FILER NAME	·		3 ACCOUNT #	(Ethics Commission Filers)
1	SAM ENG	-			,
4 Data	7/11/2014		, , , , , , , , , , , , , , , , , , , 		
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			
	,,	,p			
	(2) C-1		Tax 5		
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (I	If travel outside of Texas,	complete Schedule T)
EXPENDITURE					
			L		
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н				
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
v 1001100 000 00 0.00		,			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas,	complete Schedule T)
OF EXPENDITURE					
EXI ENDITORE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	н				
		_			
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
		Ì			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (II	f travel outside of Texas,	complete Schodule T)
OF	Category (See categories listed at the top	or triis scrieddie)	Description (i	travel outside of Texas, o	complete Schedule 1)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н		`		
D-1-	Puoinese neme			_	
Date	Business name				
Amount (\$)	Business address; City; Sta	ite; Zip Code			
	,	,,			
				\	\
	Cotoronia				_
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If	f travel outside of Texas, o	complete Schedule T)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	н				
	ATTAOLIABBITIONIA	ODIEO 05 5 5 5			
	ATTACH ADDITIONAL CO	JPIES OF THIS S	CHEDULE AS N	EEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

(512) 463-5800

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
/	SAM ENG			
4 Pate	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	(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	(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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	SAM ENG	3 ACCOUNT # (Et	hics Commission Filers)
4 Pate	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		
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		
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		
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		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

Revised 04/19/2013

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC PAC-C PAC-E СОН-Т 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N PAC-E COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N COH-UC сон-т PAQ-C Name of person(s) traveling Dates of travel 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Filer name	ENC.	Account #
2/1/VI	L/NG	



- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the 8-day campaign report due on February report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

this the

_day of tebruan

to certify which, witness my hand and seal of office.

three of officer administering oath

Print name of officer administering oath

Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING R ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPOR STACY LYNN ROSENBAUM

TRANSTER Public, State of Texas

PERMY Commission Expires

FEDRUARY 29, 2010