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: 2. Auges.		
3 CANDIDATE /	MS/MRS/MR) FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Lobert	5	Date Received		
	NICKNAME LAST	SUFFIX			
	\mathcal{C}		012		
	Cilover.		*ELECT** 2012 OC1		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	4 56		
OFFICEHOLDER MAILING	POBOX 4452 Praire	is View IX 771111	- C		
ADDRESS	Po los X 110 - 1 main	16 116 11 77996	Date Hand-delivered or Postmarked		
change of address			Receipt # Amount		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	99 99		
OFFICEHOLDER	(832) 549. 966Z		Date Processed		
PHONE			9		
6 CAMPAIGN	MS (MRS)/MR FIRST	MI	Date Imaged		
TREASURER NAME	PATRICIA		*		
	NICKNAME LAST	SUFFIX			
	DAVIDS				
- CAMBAICN	CTREETADDRESS (NO DO DOV DI FACE). ADT (CHITE III	OIT/ OTATE	710.0005		
7 CAMPAIGN TREASURER	STREETADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE		
ADDRESS	1305 Shepard 8T				
(residence or business)	,				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(979) 399-0400				
PHONE	(979) 399-0400				
9 REPORT TYPE					
S REPORT THE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
-			(officeholder only)		
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month Day			
COVERED	5/6/2012 THROUGH	10/9/	2017		
11 ELECTION	ELECTION DATE ELECTION TYPE				
II ELECTION	Month Day Year Primary	Runoff	Seneral Special		
	11/6/2012	L Kalon	erieral		
	4 / 2012				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		0 1	1) - "		
	Noise.	(om missi	overfit 1		
	GO TO PAC	GE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME	9			
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				
4	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5000					
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
ANGELIA KAY NICHOLS MY COMMISSION EXPIRES April 7, 2013 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct aprincludes all information required to be reported by me under Title 15, Election Cede. Signature of Candidate or Officeholder						
AFFIX NOTARY STAM		0.1				
Sworn to and subscribed before me, by the said, this the, this the, to certify which, witness my hand and seal of office.						
De No	2	Angelia Aichals	clerk			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	Kobert Lilover.		3 ACCOUNT #/(E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_ **DUNER** Country** Democr 6 Contributor address; City; State; Zip Code	ratic Club	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/1/201	28010 · Rice Rd #	ockley m	Sec WR travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
	MA		NA (If travel outside of	DA April Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
	NA		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / 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				
	NA		NA	of Texas, complete Schedule T)	
Principal occup	pation / 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				
	NA		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGE	D CONTRIBUTIONS			SCHEDULE B
			[4 a.	
The Ins	truction Guide explains how to complete this	s form.	1 Total pages Scho	Pase
2 FILER NAME	Lebert Sover		3 ACCOUNT # (E	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 Code			
	NA		ω.	
10 Principal occupation	on / Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
10 Principal occupation	on 7 Job tille (See Instructions)	11 Employer (See II	ristructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			
	NIA		(If travel outside o	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See In		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
	0 / 1			
	10/1		(If travel outside o	of Texas complete Schedule T)
Principal occupation / Job title (See Instructions) [If travel outside of Texas, complete Schedule Principal occupation / Job title (See Instructions)				rexas, complete scriedule 1)
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		į	
	N/A			
Principal occupation	on / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		noti doctorio)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
	N/A-			
Principal cocuration	on / Joh title (See Instructions)	Employer (Sec. 1		of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See Ir	istructions)	
If cont	ATTACH ADDITIONAL COPIES (ributor is out-of-state PAC, please see instr			requirements.

LOANS			SCHEDULE E	
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:	
2 FILER NAME	Krhut / Glove	m.	3 ACCOUNT # (Ethics Commission Filers)	
4 TOTA	AL OF UNITEMIZED LOANS:		⇒ \$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate	
Y N	N/A		11 Maturity date	
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	15 Check if personal funds were	deposited into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor	-1	19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code onto applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate	
Y N	N/A.		Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited into political account	
none				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code	F X F F	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEE ruction guide for additional repo		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITUE	RE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Rei	mhursement
Accounting/Banking	Legal Services	Solicitation/Fundra			ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Dist			older/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a cate	gory not listed above)
		de explains how to		- 12	g,,
4 Tatal same Cabadula II.		4	oompiete tine for		
1 Total pages Schedule H:	2 FILER NAME	(1/00)	en.	3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City;	State; Zip Code			
(4)		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
		11			
		117/14	٢		
	1	10/11	1		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (f travel outside of Texas, of	complete Schedule T)
OF EXPENDITURE					
EXI ENDITORE					
9 Complete ONLY if direct	Candidate / Officeholder nam	ne	Office sought		Office held
expenditure to benefit C/C	H				
	T				
Date	Business name				
A (D)	B	2: 0 :			
Amount (\$)	Business address; City; S	State; Zip Code			
		12/1			
		V/ #			
PURPOSE	Category (See categories listed at the	ton of this schedule)	Description //	f travel outside of Texas, o	romplete Schedule T)
OF	Category (dee categories instea at the	top of this scriedale)	Description (i	traveroutside or rexas, o	omplete Scriedule 1)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder nam	ie	Office sought		Office held
expenditure to benefit C/O	H				
192 12					
Date	Business name				
Amount (\$)	Business address: City	State: Zin Code			
Amount (\$)	Business address; City; S	State; Zip Code			
	1	10			
	10	/ IT			
PURPOSE	Category (See categories listed at the	op of this schedule)	Description (If	f travel outside of Texas, c	omplete Schedule T)
OF	(2010) 100				
EXPENDITURE					
	Candidate / Officeholder nam	20	Office cought		Office hold
Complete ONLY if direct		e	Office sought		Office held
expenditure to benefit C/O	н				
5.1	Business name				
Date	Business name				
Amount (\$)	Business address; City; S	State; Zip Code			
, and an (4)	Business address, Sky, C	Zip oodo			1
	0.5	16			1
	10	1 ++			
	/ /	/ /			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If	f travel outside of Texas, c	omplete Schedule T)
OF					
EXPENDITURE	*				
Complete ONI V if direct	Candidate / Officeholder nam	e	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O		NT.	Jough		
expenditure to beliefit 0/0					
	ATTACH ADDITIONAL	COPIES OF THIS S	SCHEDULE AS N	EEDED	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment/Reimbu	irsement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense	Transportation Equipmen	t & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations I	
Event Expense	Polling Expense	Travel Out Of Dis		Candidate/Officeholde	
Fees	Printing Expense	Office Overhead/	Rental Expense (OTHER (enter a category	not listed above)
	The Instruction Guide	explains how to	complete this form	n.	
1 Total pages Schedule F:	2 FILER NAME, / /			3 ACCOUNT # (Eth	nics Commission Filers)
	Labort (il	100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Soper Gilo	VER			
4 Date / _ /	5 Payae name				
10/5/2012	Kohent (alo	11101 .			
6 Amount (\$)	7 Payee address; City; Sta	te: Zip Code	~		1
(4)	2.07, 5	-	-375.6	4. Meadow	hum Hemp
C00 -	1100	1) -	1. 1	1 //(0/10/00	TX
500	4.0 Box 4457	Prairie	VIEW LOVE	1 7744	27445
	(1) 0-1	7.0		• ////	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (f travel outside of Texas, comp	olete Schedule T)
EXPENDITURE	Martini France	1 - "	Sur		
2/1 2/10/10/12	TRIMING Exper	.se	OING	15	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	Н				
Date	Payee name				
Amount (\$)	Payee address; City: Sta	te; Zip Code			
, (4)	,	.o,p			
			Profit Down		
			(1/A		
			NI	,	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, comp	lete Schedule T)
OF EXPENDITURE					
EXPENDITORE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н				
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
Amount (4)	rayee address, City, Stat	e, Zip Code			
			1	i	
			N	A	
				/ (
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	f travel outside of Texas, comp	lete Schedule T)
OF					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	(Office held
expenditure to benefit C/O	Н				
Date	Payee name				
Amount (f)	Payer address:	0: 7in 0 - 1			
Amount (\$)	Payee address; City; Stat	e; Zip Code			4
			1	1 - / -	
			N	1/2	
			V	177	
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If	f travel outside of Texas, comp	lete Schedule T)
OF			S (5)		25
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	(Office held
expenditure to benefit C/C			vec resulted tolerance fileficially (1965)		
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS N	EEDED	

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 Gift/Awards/Memorials Expense Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	
1 Total pages Schedule G:	2 FILER NAME Labent Gloven	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/5/2012	5 Payee name Lobert Gloven	
6 Amount (\$) 3 COPE Part of the Control of the Cope Part	7 Payee address; City; State; Zip Code 37564 Me Alon View Ho P.O BOX 4452 Prairie	empslead Jexas 97445 -Vin Jexas 77446
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	3
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	NA	
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	
Reimbursement from political contributions intended	N/A	
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	
Reimbursement from political contributions intended	NA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense t Contributions/Donations Made By		
	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule I:	2 FILER NAME JOU	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 (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	N/A			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	N/A			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

т	he Instruction Guide explains how to complete this form.	Schedule K:
2 FILER NAM	se Lohn John 3 ACCOUNT	# (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	
	NA	
	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	
	N/A.	
	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	
	N/A	
	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	
	N/A.	
	Purpose for which amount is received	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE						
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME	Kut I Slove	3 ACCOUNT # (Ethics Commission Filers)				
4 Name of Contributor /	Corporation of Labor Organization / Pledgor / Payee	1				
Contribution / Expenditure reported on: Schedule A						
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location	15/1				
	9 Destination city or name of destination location	V/A				
10 Means of transportati	on 11 Purpose of travel (including name of conference,	seminar, or other event)				
Name of Contributor / 0	Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditu	re reported on:					
	edule A Schedule B Schedule C Sched edule H Schedule N COH-UC COH-T					
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location	1 11				
	Destination city or name of destination location	0/4				
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / C	orporation or Labor Organization / Pledgor / Payee					
Contribution / Expendite	ire reported on:					
	edule A Schedule B Schedule C Schedule C edule H Schedule N COH-UC COH-T					
Dates of travel	Name of person(s) traveling					
-	Departure city or name of departure location					
	Separtare day of name of departare location	12/1				
	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						

Texas Ethics Commiss	sion P.O. Box 12070 Austin	, Texas 78711-2070 (512) 463-5800	(TDD 1-800-735-2989)
LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	olete this form.	1 Total pa	ges Scheddie E:
2 FILER NAME	Krhut / Cilove	m.	3 ACCOU	NT # (Ethics Commission Filers)
4 ТОТА	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial	8 Lender address; City; State;	Zip Code		10 Interest rate
Institution? Y N	N/A			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions	5)	
14 Description of Coll	ateral	15 Check if personal funds we	re deposited	into political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code		
not applicable	NA			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions	3)	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		MONATION OF TIMAL REPORT	
	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	AAME 2 ACCOUNT # (Ethics Commission Filers)	
3	SIGNA	ATURE	
	report a	do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a eport as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions r make any campaign expenditures without a campaign treasurer appointment on file.	
		Signature of Candidate / Officeholder	
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder		
	A.	CAMPAIGN FUNDS	
	Chec	k 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.	
	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 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	5 OFFICEHOLDER •• Complete this section only 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	