STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruct	The SC C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE NAME	MS MRS / MR FIFST MI NICKNAME AST SUFFIX	OFFICE USE ONLY				
	Koberts	Waller Co. Elections				
4 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE					
ADDRESS Change of Address	24397 D Hockly 11 77447	FEB 2 2 2022				
5 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	RECEIVED				
PHONE	(281) 534 3043					
6 CAMPAIGN	MS / MRS / MR FIRS MI	Date Hand-delivered or Date Poslmarked				
TREASURER NAME	Lich,					
	NICKNAME LAST SUFFIX	Receipt # Amount \$				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; ZIP CODE	Date Processed				
TREASURER ADDRESS	24397 Pinerood Vally Dr.	Date Imaged				
(Residence or Business)	Hochly TX 77447					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION					
PHONE	(281) 534 3063					
9 REPORT TYPE	January 15 30th day before convention / election	Runoff				
	July 15 ath day before convention / election	Final report (Attach SC C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month [Day Year				
COVERED	01/14/2072 THROUGH 02/2	20/2022				
11 CONVENTION / ELECTION	Month Day Year 12 OFFICE SOUGHT	STATE CHAIR				
DATE	03/01/2022 Gor Courty Chair	COUNTY CHAIR				
13 POLITICAL PARTY	COUNTY (If Applicable)					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPERPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOTFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUC	OWLEDGE OR CONSENT. CANDIDATES AND				
OSIMINITY PEE(G)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	GO TO PAGE 2					

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

15 CANDIDATE NAME	16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ ——
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF REPORTING PERIOD	AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	E \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true an quired to be reported by me under Title 15. Election Code. Signature of	1/K
	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEA		1st Fabrus
Sworn to and subscribed	which, witness my hand and seal of office.	day of February.
Signature of officer administr	ering oath Printed arms of officer administering oath	Dotary Publica Title of officer administering oath
(2) Unsworn Declarati	or ion	
	, and my date of birth is	
	(street) (oth) (state	e) (zip code) (country)
Executed in	County, State of, on the day of(month)	. 20 (year)
	Signature of Cano	didate (Declarant)

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME LA SALANS	20. Filer ID (Ethics Com	mission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 250
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	ne Roberts		3 Filer ID (Ethics Commission Filers)		
4 Date 21122	5 Full name of contributor Wales Aut 1089 FOR 1089 Full name of contributor City:	State: Zip Code	7 Amount of contribution (\$) \$\\$\\$\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor Out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ions)		
	ATTACH ADDITIONAL COPIES O	DF THIS SCHEDULE AS N	EEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report, 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor ut-of-state PAC (ID#:_ 8 Amount of 9 In-kind contribution Contribution \$ description 7 Contributor address; City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of Date Full name of contributor ut-of-state PAC (ID#: In-kind contribution Contribution \$ description Contributor address: City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B The Instruction Guide explains how to complete this form. 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#. Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code _ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution uut-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; City. State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of pledgory Date Amount of In-kind contribution ut-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethies Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#:_ Loan Amount (\$) 6 Is lender 10 Interest rate 8 Lender address; City; a financial Institution? 11 Maturity date N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City: State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) ut-of-state PAC (ID#:_ Interest rate Is lender Lender address; City: State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees 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 Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 117/22	5 Payee hame Midia	Carys		
6 Amount (\$)	7 Payee address;	Horston TX	State; Zip Code	
8	(a) Category (See Categories listed at the top of this sol	hedule) (b) Description	1040	
PURPOSE OF EXPENDITURE	Advertising Expre	e Signs		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this school	edule) Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Forms provided by Toyon Ethi	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPE	NDITURE CATEG	ORIES FOR	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards Committee Logal Service	age Expense Memorials Expense	Office Overheat Polling Expens Printing Expent Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category i	nt & Related Expense
1 Total pages Schedule F2:	2 FILER NAME				3 Filer ID (Ethics Cor	nmission Filers)
1 200 - 100 -					•	Philippinesouskinser(), physical Conf.
4 TOTAL OF UNITER	MIZED UNPAID IN	CURRED OBLIC	GATIONS		\$	
5 Date	6 Payee name		/			
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political		Non-Politica	al		
10 PURPOSE OF EXPENDITURE	(a) Category (See Category	or es listed at the top of this	schedule) (I	b) Description		
	(c) Check if travel	outside d'Texas. Complete S	chedule T.	Check if Aust	n, TX, officeholder living ex	pense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/Oh		iceholder name	Offic	e sought	Office held	J
Date	Payee name					
Amount (\$)	Payee address;			City;	State:	Zip Code
TYPE OF EXPENDITURE	Political		Non-Politic	al		
PURPOSE OF EXPENDITURE	Category (See Categ	ories listed at the top of this	schedule)	Description		
	Check if trave	el outside of Texas. Complete	Schedule T.	Check if Au	stin, TX. officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Offic	e sought	Office held	3
	ATTACH ADDIT	IONAL COPIES O	F THIS SCH	EDULE AS NE	DED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (S) City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** 10 (a) Category (See Categori es listed at the of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee/name Date Amount (\$) Payee address; City; Zip Code State: TYPE OF Non-Political Political EXPENDITUR Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

HIRE AS AND STORE OF THE STORE		EXPENDITU	RE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gi	se Po Expense Pri Sa	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense laries/Wages/Contract Labor ow to complete this form.	Transportation Equi Travel In District Travel Out Of Distri	oment & Related Expense
1 Total pages Schedule G:	2 FILER N	ME LEW	vts		3 Filer ID (Ethio	s Commission Filers)
4 Date 19 22	5 Payee na	Frands V	Nedia	and.		
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	1455	50 Buch	nut H	tonen TX	77083	
8 PURPOSE OF EXPENDITURE	Adv	(See Categories listed at the		B197	2	
	(c)	Check if travel outside of Texa	s. Complete Schedule	T Check I A	ustin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder na	ame	Office sought		Office held
Date	Payee nar	me				
1/19/22	Fan	was Sig	28			
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;	~ How	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Adv	(See Categories listed at t		Signi	7	
		Check if travel outside of Texa	s. Complete Schedule	e T Check if A	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder na	ame	Office sought		Office held
Date 1 3 22	Payee nar	Dromo S	Shock			
Amount (\$) Reimbursement from political contributions intended	Payee add	dress; S. Masuh	Rd, k	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Prin	(See Categories listed at the Check if toyel outside of lexas		Grashics,	prelicado, 1	as cords
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder na		Office sought	stin, TX. officeholder living	Office held
	ATTA	CH ADDITIONAL C	OPIES OF TH	IIS SCHEDULE AS NEI	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Office O Polling E xpense Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category)	ent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME \			3 Filer ID (Ethics C	'ammingion Filoro\
3	Lest	in Kepant	5		3 Filer ID (Ethics C	ommission Filers)
4 Pate 122	5 Payee nar	on Uses	L Shaw	ad Rodia		
Reimbursement from political contributions intended	7 Payee add	dress;		City;	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description	N V	
OF EXPENDITURE	EVer	+ Oxpase	_	Diner.	Inche	
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nar	me	Office sought	С	Office held
Date 2 3 2 2	Payee nar	lw Wunt	y Galan	2		
Amount (\$)	Payee add	dress;	, ,	City;	State;	Zip Code
Reimbursement from political contributions intended	1110	Austin S	t. Henr	strad IX	77445	
PURPOSE OF EXPENDITURE	Adv	(See Categories listed at the		Description		
		Check if travel outside of Texas. ate / Officeholder nar		Office sought	n, TX. officeholder living exp	oense Office held
Complete ONLY if direct expenditure to benefit C/C		ate / Officeriolder Har	iie	Office sought		лисе пеіа
Date 112	Payenar	ne Rusal (Connect	\sim		
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	POR	DOX 1966	Waller	TX 774	184	
PURPOSE OF EXPENDITURE	Adv	(See Categories listed at the		Description Check if Austin	n, TX. officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nan	ne	Office sought		ffice held
	ATTA	CH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule G:	2 filer NAME Lobals		3 Filer ID (Ethics Commission Filers)
4 Date 1 31 22	5 Payee name Hothin Pras		
6 Amount (\$) Relmbursement from political contributions inlended	7 Payee address;	mpstrad T	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Pols	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
2/14/2Z	Payee name The Waller Times	5	
Amount (\$) Refinbursement from political contributions intended	Payee address;	city;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Ads	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule; Description	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITU	IRE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expen By Gift/Awards/Memorials cal Committee Legal Services	Loan Rep Office Ovise Pulling Es s Expense Printing E	oayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Lebor	Solicitation/Fundraising E Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	& Related Expense
1 Total pages Schedule H:	2 FILER NAME		3	Filer ID (Ethics Co	mmission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address:		City:	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Check if the colours idea of Texa		(b) Description Check if Austin, T.	X, afficeholder living expen	se
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na PH	ame	Office sought	Offi	ce held
Date	Business name		<u> </u>		
Amount (\$)	Business address;	XU	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at t	the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin, TX	K, officeholder living expens	50
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sought	Offi	ce held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at t		Description		
	Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin, T	(, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sought	Offi	ce held
	ATTACH ADDITIONAL	. COPIES OF THIS S	SCHEDULE AS NEEDE	D	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE ! If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 1 Total pages Schedule I: 2 FILER NAME 5 Payee name 4 Date 6 Amount (\$) 7 Payee address; State Zip Code 8 (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information PURPOSE categories.) required.) OF EXPENDITURE Payee name Date Amount (\$) Payee address; City State Zip Code Category (See instructions for examples of acceptable Description (See instructions regarding type of information PURPOSE categories.) required.) EXPENDITURE Date Payee name Amount (\$) Payee address; City Zip Code Category (See instructions for examples of acceptable Description (See instructions regarding type of information PURPOSE required.; **EXPENDITURE** Date ayee name Amount (\$) Payee address; City Zip Code Category (See instructions for examples of acceptable Description (See instructions regarding type of information PURPOSE categories.) required.) OF EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

	Ti tilo roquot	not include the page in	- tire reports	
	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dyle K:
2	FILER NAME		3 Filer ID (5thics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (S)
		6 Address of person from whom amount is received; City; Star	te: Zip Code	
		7 Purpose for which amount is received	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ate; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	te; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ate; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule M 7 Name of person(s) traveling 6 Dates of travel 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 A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule G Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination 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 A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel / Name of person(s) traveling Departure city or name of departure location 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

STATE/COUNTY CHAIR REPORT: DESIGNATION OF FINAL REPORT SCHEDULE SC 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	CANDIDATE NAME	2 Filer ID (Ethics Commission Filers)	
3	SIGNATURE		
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate		
	CAMPAIGN FUNDS AND ASSETS		
4	4 CAMPAIGN FUNDS AND ASSETS		
	A. CAMPAIGN FUNDS		
	Check only one:		
	I do not have unexpended contributions of 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 /			
Check 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	