# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST	I.	A		USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		Guidry			Waller (	Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state;	ZIP CODE 77447	JAN	1 3 2025
Change of Address		-			L REC	CEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 281 )	9HONE NUMBER 382-8989	EXTENSIO	DN	Date Hand-delivered	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mr.	Chris			Date Processed	1
IVANIL	NICKNAME	LAST		SUFFIX	B.1. 1	
		Ryland			Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	9966 Golde	n Field Lane	Broo	kshire	Texas	77423
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 281 )	PHONE NUMBER 726-1093	EXTENSIO	N		
9 REPORT TYPE	X January 15	30th day before e	election Runo	off	15th day after treasurer ap (Officeholder	pointment
	July 15	8th day before ele	Cuon	eded Modified orting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	Annual Control of the
COVERED	01	/ 01 / 24	THROUGH	12	/ 31 / 24	ļ .
11 ELECTION	Month Day  03 05	Year Primary  24 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	OUGHT (if known	)	
	Waller Coun	ty Sheriff	Waller C	ounty She	eriff	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN MADE W	ITHOUT THE CAN	DIDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Track Children	16 Filer ID (Ethics Commission Filers)
	Troy Guidry	
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$15,849.36
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,258.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$3,459.55
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00
A COMMITTER OF THE PROPERTY OF	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v·
	r lease complete claier option below	•.
(1) Affidavit		
>*****	ELBY RAE BRAZIEL	
No THE PARTY / SIME	y Public, State of Texas Commission Expires May 19, 2027	
GHOID.	TARY 10.13480060 Chelby Rae Brazie this the	13 day of JAN.
20 25 , to certify v	which, witness my hand and seal of office. Shelby Rae Braziel	Notar
Signature of officer apprinister		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 (year)
		date/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

		OOVER	JILLI FO 5
19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Troy Guidry		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,849.36
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 CO	ONTRIBUTIONS	\$ 14,258.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:		
2 FILER NAME	Troy Guidry				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor  Ken Flusilier	out-of-state PAC	C (ID#:	)	7 Amount of contribution (\$)		
01/04/2024	6 Contributor address;	City;	State;	Zip Code	\$5,000.00		
	44843 Whit Loggins	Hempstead	TX	77445			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)		
01/05/2024	Charlie Bertani Contributor address;	City;		Zip Code	\$1,429.20		
	12350 Knigge Cemetery	Rd Cypres	ss TX	77429			
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)		
02/05/2024	Greg Copeland  Contributor address;	City;	State;	Zip Code	\$3,063.00		
	20003 Pierceall Rd	Pine Island	TX	77445			
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)		
02/06/2024	Jimmy Lauder  Contributor address;	City;	State;	Zip Code	\$6,357.16		
	40793 FM1488	Hempstead	TX	77445			
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)		
	ATTACH ADDIT	IONAL COPIES	OF THIS S	CHEDULE AS N	JEEDED.		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

ii the requi	If the requested information is not applicable, bo Nor include this page in the report.						
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:				
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$				
5 Date	6 Full name of contributor  uut-of-state PAC (ID#:  7 Contributor address; City; State;	Zip Code	8 Amount of   9 In-kind contribution description				
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	Zip Code	Amount of I In-kind contribution Contribution \$   description				
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)				
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)					
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r 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

	ii tile reques	steet information is not applicable, bo not in	orade and page	in the report.	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ule B:
2	FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
			ate; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code	1	
				Check if travel outside	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code		
				Check if travel outside	de of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.
		ATTACH ADDITIONAL COPIES			
	If (	contributor is out-of-state PAC, please see Inst	ruction guide for a	additional reporting	requirements.

	If the requested information is not applicable, DO NOT include this page in the report.							
	The Instruction Guide explains how to complete this form.  1 Total pages Schedule E:							
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS		\$				
5	Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)				
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date				
	Y N							
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
	not applicable	18 Guarantor address; City;	State; Zip Code					
20	Principal Occupat	ion (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			Maturity date				
	Principal occupation	   Job title (See Instructions)	Employer (See Instructions)					
	Description of Coll	ateral	Check if personal fun	ds were deposited into political				
	none		account (See Instruct					
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
_	not applicable	on (See Instructions)	Employer (See Instruction )					
	Filicipal Occupati	on (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

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	ns/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor		pense	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1: 1/7	2 FILER N	Troy Guidry			3 Filer ID (Ethic	cs Commission Filers)
4 Date 01/11/24	5 Payeen	Patty's Diner				
6 Amount (\$)	7 Payee a	address;		City;	State;	Zip Code
\$130.44	3811	Avenue G		Pattison	TX	77423
8	(a) Catego	ory (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fo	od/Beverage Expense		Donor Lunch	ı	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
01/06/24	Ca	veman Arms				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$2,500	3788	Betka		Hempste	ad TX	77445
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fun	draiser Expense		Winning prizes for fundraiser event		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee r	name				
01/24/24	Dwayı	ne Spruiell				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$300	15128 P	aradise View Dr		Willis	TX	77318
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fun	draiser Expense		Runner-Up	prizes for fu	ındraiser event
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/Oł	v	date / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	EDED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Lahor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the secretary not listed above)

Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Laboratory			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: 2/7	2 FILER NAME Troy Guidry		3 Filer ID (Ethics Cor	nmission Filers)	
4 Date	5 Payee name				
1/24/24	Laser Edge Engraving				
6 Amount (\$)	7 Payee address;	City;	State; Z	ip Code	
\$1,600	19707 Lake Stone Ct	Tomball	TX	77377	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE	Fundraiser Expense	customization for	or prizes		
OF					
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expe	nse	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held	
Date	Payee name				
2/5/24	Party Events & Rentals				
2/3/24	•				
Amount (\$)	Payee address;	City;		Zip Code	
635.78	24715 FM 1488 Suite 12	Magnoli	ia TX	77355	
	Category (See Categories listed at the top of this sch				
PURPOSE	Fundraiser Expense	tent for fundrais	ser that was held o	outdoors	
OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expe	nse	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Offic	ce held	
expenditure to benefit C/OI	1				
Date	Payee name				
Date					
2/27/24	Toby Bell				
Amount (\$)	Payee address;	City;	State; 2	Zip Code	
\$952.00		A L	TX	77511	
	1621 CR 145	Alvin	1.	,,,,,	
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE	Fundraiser Expense	targets for	fundraiser compet	rition	
OF EXPENDITURE		13.30.0101			
EXPENDITORE					
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expe	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	ice held	
experience to beliefit C/Or	,				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEF	DED		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y (	Gift/Awards/Memorials Expense .egal Services  The Instruction Guide explain		pense lages/Contract Labor	Trave	In District I Out Of Distric (enter a catego	t rry not listed above)
1 Total pages Schedule F1: 3/7	2 FILER NA	ME			3 File	er ID (Ethics	Commission Filers)
4 Date	5 Payee nam	e					
4/22/24		er County Fair Associa	ation				
6 Amount (\$)	7 Payee add			City; Hempst	ead	State;	Zip Code
\$1,700	PO Box 91	, 1					77445
8		(See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE	Contributi	ons/donations		contributions for the	Waller C	County Fair's Va	alentines Day event
OF EXPENDITURE							
	(c) c	heck if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, of	fficeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought			Office held
Date	Payee nam	е					
6/21/24	Erick's	Mexican Restaurant					
Amount (\$)	Payee add			City;		State;	Zip Code
\$55.88	740 Tenth	n St		Hempstea	ad	TX	77445
		See Categories listed at the top of this	schedule)	Description			
PURPOSE OF	Food/Beve	erage		Donor Lunch			
EXPENDITURE							
	c	heck if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, of	fficeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought			Office held
Date	Payee nan	ne					
6/27/24	Gabby's G	rill					
Amount (\$)	Payee add	ress;		City;		State;	Zip Code
\$37.85	30312 F	M 1488		Waller		TX	77484
		See Categories listed at the top of this	schedule)	Description	723		
PURPOSE OF	Food/Beve	eraye		Dono	r Lund	ch	
EXPENDITURE							
	ci	neck if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, of	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought			Office held
		OILABBITIONAL COST					
	ATTA	CH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  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 7/26/24	5 Payee name Gabby's Grill				
6 Amount (\$) \$41.76	7 Payee address; 30312 FM 1488	<sup>City;</sup> Waller	State; Zip Code TX 77484		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Donor Lunch			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held		
Date 8/23/24	Payee name Waller High School FFA				
Amount (\$) \$3,600	Payee address; 31213 Waller Spring Creek	City; Waller	State; Zip Code TX 77484		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/donations	Description Contribution for	Waller FFA Livestock Show		
OF		Contribution for	Waller FFA Livestock Show		
OF	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Contribution for			
OF EXPENDITURE  Complete ONLY if direct	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Contribution for	n, TX, officeholder living expense		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Contribution for	n, TX, officeholder living expense		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  8/26/24  Amount (\$)	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Contribution for	n, TX, officeholder living expense		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date  8/26/24	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Gabby's Grill	Contribution for  Check if Austin  Office sought	n, TX, officeholder living expense Office held		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  8/26/24  Amount (\$)	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Gabby's Grill  Payee address;	Contribution for  Check if Austin  Office sought  City;	n, TX, officeholder living expense  Office held  State; Zip Code		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date  8/26/24  Amount (\$) \$69.46	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Gabby's Grill  Payee address;  30312 FM 1488  Category (See Categories listed at the top of this schedule)	Contribution for  Check if Austin Office sought  City;  Waller  Description Donor Lunch	n, TX, officeholder living expense  Office held  State; Zip Code		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date  8/26/24  Amount (\$) \$69.46	Contributions/donations  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Gabby's Grill  Payee address;  30312 FM 1488  Category (See Categories listed at the top of this schedule) Food/Beverage  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Contribution for  Check if Austin Office sought  City;  Waller  Description Donor Lunch	Office held  State; Zip Code  TX 77484		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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 Filer 5/7)							
4 Date	5 Payee name						
8/28/24	Gabby's Grill						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
\$81.29	30312 FM 1488	Waller	TX	77484			
8	(a) Category (See Categories listed at the top of this s						
PURPOSE	Food/Beverage	Donor Lunch					
OF EXPENDITURE							
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Aus	tin, TX, officeholder livir	ng expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
9/3/24	Gabby's Grill						
0/0/21							
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$90.44	30312 FM 1488	Waller	TX	77484			
	Category (See Categories listed at the top of this so						
PURPOSE	Food/Beverage	Donor Lunch					
OF EXPENDITURE							
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Aust	tin, TX, officeholder livin	ng expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held			
expenditure to benefit C/OF	1						
Dete	Payee name						
Date	Payee name						
9/12/8/26/24	Gabby's Grill						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$73.14							
	30312 FM 1488	Waller	TX	77484			
	Category (See Categories listed at the top of this sol						
PURPOSE	Food/Beverage	Event Pla	nning meeting				
OF EXPENDITURE							
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	tin, TX, officeholder livin	g expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held			
expenditure to benefit C/OF							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a catego	ory not listed above)	
- Crour Caron ayman	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 6/7	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
4 Date 9/13/24	5 Payee name Gabby's Grill				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$132.83	30312 FM 1488	Waller	TX	77484	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage	Donor Apperciation Lunch			
	(c) Check if travel outside of Texas. Complete Schedule 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				
9/16/24	Navy Seal Danny Dietz				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$361.00		Waller	TX	77484	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contributions/donations	Donation for N	avy Seal Founda	ion Fundraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office sought Office held		
Date	Payee name				
9/16/24	Gabby's Grill				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$42.79	30312 FM 1488	Waller	TX	77484	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage	Donor Lun	ch		
	Check if travel outside of Texas. Complete Schedule 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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1: 7/7	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 9/20/24	5 Payee name Gabby's Grill			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$128.34	30312 FM 1488	Waller	TX	77484
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage	Donor Ap	perciation Lu	ınch
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/29/24	Waller County Fair Association			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$725.00	PO Box 911	Hempstead	d TX	77445
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/donations	Contribution	for Waller fair	Livestock Show
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/29/24	Weller Court Frie Assessed			
Amount (\$)	Waller County Fair Association	Cit.:	Chata	Zin Code
	Payee address,	City;	State;	Zip Code
\$1,000	PO Box 911	Hempstea	nd TX	77445
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/donations	Contribution for	or Waller fair	Livestock Show
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF 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.						
EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Fees Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee  Event Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee  Event Expense Fees Office Overhead/Rental Expense Foolling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F2:	2 FILER NAME			3 Filer ID (Ethics Con	nmission Filers)	
4 TOTAL OF UNITER	IIZED UNPAID INCURRED	OBLIGATIONS	5	\$		
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Polit	ical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t	he top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas	s. Complete Schedule T.	Check if Aus	tin, TX, officeholder living exp	pense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder	name Off	fice sought	Office held		
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Poli	tical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	he top of this schedule)	Description			
	Check if travel outside of Tex	as. Complete Schedule T.	Check if Au	astin, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder	name Of	fice sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	The Instruction Guide explains how to complete this form.					hedule F3:	
2	FILER NAME		3	Filer ID	(Ethics	Commission	Filers)
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; Cit	y;			State;	Zip Code
		7 Description of investment					
		8 Amount of investment (\$)					
	Date	Name of person from whom investment is purchased		ober en fren en en en			
		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	NEED	ED		

### **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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel (	n District Out Of District	nent & Related Expense y not listed above)
		The Instruction Guide expla	ins how to co	omplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer	ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGEI	TOACR	EDIT CARD	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	litical			
10	(a) Categor	y (See Categories listed at the top of the	s schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Au	stin, TX, offi	iceholder living	expense
11 Complete ONLY if direct	Can	didate / Officeholder name	Ot	ffice sought		Office he	eld
expenditure to benefit C/OH							
	Davis						
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical			
	Catego	ry (See Categories listed at the top of the	is schedule)	Description			
PURPOSE							
OF EXPENDITURE							
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Au	ıstin, TX, off	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Car	didate / Officeholder name	Of	ffice sought		Office he	eld
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED		
	7.00						

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address: Amount (\$) City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **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 Date Payee name Amount (\$) Payee address; City: Zip Code State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **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

## **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.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Expense Food/Beverage Expense Polling Expense Is/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Printing Expense Salaries/Wages/Contract Labor		Travel Out Of District Other (enter a category not listed above)			
	1	The Instruction Guide explai	ns how to co	omplete this form.		
1 Total pages Schedule H:	2 FILER NA	AME			3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
	(c)	theck if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	C	Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		heck if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C		ite / Officeholder name	C	Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		theck if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	C	Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE |

	The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)		
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

#### SCHEDULE K

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedu						
2 FILER NAME		3 Filer ID (Ethic	es 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					
	7 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;	State; 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; S	State; 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;	State; 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

ad information is not applicable DO NOT include this page in the report

	if the requested information is not applicable, DO NOT include this page i	ii die report.					
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:					
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 D Schedule F1					
	Goldon (A)						
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6	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     Purpose of travel (including name of conference, see the conference).	eminar, 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, s	eminar, 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					

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION 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 "Fina	Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	URE					
	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.						
		Signatur	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om 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 incom-	e 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.						
		S	ignature of Candidate				
5		EHOLDER					
	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.						
		Sie	gnature of Officeholder				