CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	David	МІ	OFFICE USE ONLY
NAME	NICKNAME	Isaac	SUFFIX	Date Received 4/28/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	: APT / SUITE #:	CITY: STATE: ZIP CODE Baytown, TX 77521	4/28/2025 (electronically)
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 669-9749	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	NICKNAME	Denise LAST	SUFFIX	Date Processed
	Montonic	Graves	301118	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE): APT /	SUITE #: CITY:	STATE: ZIP CODE
TREASURER ADDRESS			Baytown, TX 77520	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	557 - 0759		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year 2025	Month THROUGH 4	Day Year / 26 / 2025
11 ELECTION	ELECTION DAY Month Day 5 3	Year Primary 2025 X General	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Lee College Board of	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	SONAY .
	- ASSESSED	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	_{s)} \$549	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$580.87	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1198.97	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 350.03	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ 1000	
		rue and correct and molides all informat	ion
rec	quired to be reported by me under Title 15, Election Code.	1111	
			_
	Signature of C	Candidate or Officeholder	
	Please complete either option below	nw:	
	i loude demplote claret option belo		
(1) Affidavit			
en o			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by this the	e day of	
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oa	th
15.55	OR		
(2) Unsworn Declaration	on		
My name is David Isa	aac, and my date of birth i		_,
My address is		TX 77521 USA	
Executed in Harris	(street) (city) County, State of Texas , on the 25 day of May (mon	(state) (zip code) (country) 20 25 ntb) (year)	
	Signature of Cano	disand flie frider (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME David Isaac 20 Filer ID (Ethics Com							
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) I	\$						
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	SCHEDULE E: LOANS	\$						
5.	SCHEDULE F1: POLITICAL EXPENDITURES	_{\$} 1198.97						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGA	TIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTME	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY	\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES	\$						
10.	SCHEDULE H: PAYMENT MADE FROM POL	ITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITUR	ES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS TO FILER	, REFUNDS, AND CONTRIBUT	IONS 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	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
				State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;		
	Principal occup	Leation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
				State; Zip Code	
	Principal occup	Loation / Job title (See Instructions)		Employer (See Instruc	I ctions)
				1	
		ATTACH ADDI		OF THIS SCHEDULE AS I	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requ	ested information is not applicable, DO NOT include	ie this page	in the report.	
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	emmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
40 Dissississis	The state of the s	44 Employ	I	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	· · · · · · · · · · · · · · · · · · ·
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		-		
	ATTACH ADDITIONAL COPIES OF			n raquiramente

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explain	ns how to complete thi	s form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	
5	Date	6 Full name of pledgor			8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;		ate; Zip Code		
					Check if travel outs	l. ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	ıctions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	Out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; S	tate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	5				1	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; S	tate; Zip Code		
					Check if travel outs	l ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instru	ections)	Employer (See	Instructions)	
_	· · · · · · · · · · · · · · · · · · ·			Limpleyer (dee	matructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
	Date				Amount of	_
	Date	Full name of pledgor	out-of-state PAC (ID#:_		Amount of Pledge \$	_
		Full name of pledgor	□ out-of-state PAC (ID#:_ City; State		Amount of Pledge \$	description I I I
		Full name of pledgor Pledgor address;	□ out-of-state PAC (ID#:_ City; State	e: Zip Code	Amount of Pledge \$	description I I I
		Full name of pledgor Pledgor address;	□ out-of-state PAC (ID#:_ City; State	e: Zip Code	Amount of Pledge \$	description I I I
		Full name of pledgor Pledgor address;	□ out-of-state PAC (ID#:_ City; State	e: Zip Code	Amount of Pledge \$	description I I I
		Full name of pledgor Pledgor address;	□ out-of-state PAC (ID#:_ City; State	e: Zip Code	Amount of Pledge \$	description I I I
	Principal occup	Full name of pledgor Pledgor address; ation / Job title (See Instruc	out-of-state PAC (ID#:	Employer (See	Amount of Pledge \$ Check if travel outs Instructions)	description - - - de of Texas. Complete Schedule T.

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 (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender Date of loan out-of-state PAC (ID#:__ Loan Amount (\$) 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 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 Loan Amount (\$) Name of lender out-of-state PAC (ID#:_____ Interest rate State; Zip Code Is lender City; Lender address: 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

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/Wages/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed ab

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME David Isaac		3 Filer ID (Ethics Commission Filers)		
4 Date 4/14/25	⁵ Payee name Signs on The Cheap				
6 Amount (\$) 130.07	7 Payee address;	City;	State; Zip Code		
8					
PURPOSE OF EXPENDITURE	Advertisement	Yard Signs	3		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name Vista Print				
Amount (\$)	Payee address;	City;	State; Zip Code		
155.53					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Door Hangers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name Texas VAN				
Amount (\$)	Payee address;	City;	State; Zip Code		
332.50					
	Category (See Categories listed at the top of this schedule) Polling Expense	Description VAN			
PURPOSE OF EXPENDITURE	. January 2000	Account			
	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/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking	Fees	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made B	Food/Beverage Expense y Gift/Awards/Memorials Expense	Travel In District Travel Out Of District	
Candidate/Officeholder/Politica	d Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE			
OF EXPENDITURE			
EXPENDITURE	(1)		
	(C) Check if travel outside of Texas. Complete S	Schedule T Check if Aus	itin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	Payee name		
Date	Payee name		
Date Amount (\$)	Payee name Payee address;	City;	State; Zip Code
		City;	State; Zip Code
		City;	State; Zip Code
Amount (\$) TYPE OF	Payee address;	Non-Political	State; Zip Code
Amount (\$) TYPE OF	Payee address;	Non-Political	State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address;	Non-Political	State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payee address;	Non-Political	State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address;	Non-Political s schedule) Description	State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of thi Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political s schedule) Description	
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	Payee address; Political Category (See Categories listed at the top of thi Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political s schedule) Description Schedule T. Check if Au	ustin, TX, officeholder living expense
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of thi Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political s schedule) Description Schedule T. Check if Au	ustin, TX, officeholder living expense
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of thi Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political s schedule) Description Schedule T. Check if Au	ustin, TX, officeholder living expense
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of thi Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political s schedule) Description Schedule T. Check if Au Office sought	ustin, TX, officeholder living expense Office held

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1 Tota	al pages S	chedule F3:	
2 FILER NAME		3 File	r ID (Ethic	cs Commissio	n Filers)
4 Date	5 Name of person from whom investment is purchased	I			
	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			-	7
	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 NE	EDED		

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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi The Instruction	By Gift/Aw	everage Expense ards/Memorials Expense services complete this form.	Salaries	Expense ///ages/Contr	act Labor (Travel In District Travel Out Of District Other (enter a category ACH CREDIT CARE	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	<u> </u>				3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO	O A CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial inst	itution					
6 PAYMENT	(a) Amount Charged \$	(b) Date Expendit	ure Charged	(c) Date(s)	Credit Card Issue	r Paid	
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categori	es listed at the top of this sche	dule)	(b) Descript	tion		
Non-Political	(c) Check if travel	outside of Texas. Comple	te Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s)	Credit Card Issue	r Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description			tion			
Non-Political	(c) Check if travel	outside of Texas. Comple	te Schedule T.		Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expendit	ure Charged	(c) Date(s)	Credit Card Issue	r Paid	
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categori	es listed at the top of this scho	edule)	(b) Descrip	tion		
Non-Political	(c) Check if travel	outside of Texas. Comple	te Schedule T.		Check if Aust	in, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Of	fice Sought		Office Held	
	ATTACH AD	DITIONAL COPIE	S OF THIS	SCHEDU	LE AS NEED	ED	

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
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/Wages/Contract Labor

nent Solicitation/Fundraising Expense
rise 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.	California d'actiograf y fiornista d'action
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	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
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule 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 THIS S	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.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Foot/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
or car court aymon		The Instruction Guide explain	s how to con	nplete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name		•		
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sci		Check if Austin	TX, officeholder living ex	nense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate / Officeholder name		fice 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 sch	nedule)	Description		
		theck if travel outside of Texas. Complete Sche	edule T.	Check if Austin.	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Off	ice sought	C	Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	hedule)	Description		
		Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Off	fice sought		Office held
	ATT	ACH ADDITIONAL COPIES O	F THIS SCI	HEDULE AS NEED	ED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to cor	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	Sta	te Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regarding ty	pe of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	te Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Serequired.)	e instructions regarding ty	pe of information
Date	Payee name			
Amount (\$)	Payee address:	City	Sta	te Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding ty	rpe of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	te Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding ty	rpe of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
2 FILER NAME		3 Filer ID (Ethics Commission F	Filers)
4 Date	5 Name of person from whom amount is received	8 Amou	nt (\$)
	6 Address of person from whom amount is received; City; Stat	e; Zip Code	
	7 Purpose for which amount is received Check if	political contribution returned to fil	er
Date	Name of person from whom amount is received	Amou	int (\$)
	Address of person from whom amount is received; City; Sta	nte; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to fil	ler
Date	Name of person from whom amount is received	Amou	unt (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to fil	ler
Date	Name of person from whom amount is received	Amo	ount (\$)
	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 fil	ler
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

ii the requested if	normation	s not app	olicable, DO NOT	include this page	in the 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 O	rganization / Pledgor	/ Payee			
5 Contribution / Expend	liture reported	on:					
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F		
Schedule F2		edule F4	Schedule G	Schedule H	Schedule D Schedule F Schedule COH-UC Schedule f		
6 Dates of travel	7 Name of	person(s)	traveling				
	8 Departure city or name of departure location						
9 Destination city or name of destination location							
10 Means of transportati	ion	11 Purpo	se of travel (including	name of conference,	seminar, or other event)		
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor	/ Payee			
Contribution / Expend	diture reported	l on:					
Schedule A2	☐ Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F	=1	
Schedule F2	=	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule E		
Dates of travel	Name o	person(s)	traveling				
	Departu	re city or na	ame of departure loca	ation			
	Destinat	ion city or	name of destination lo	ocation			
Means of transportat	ion	Purno	se of travel (including	name of conference	seminar, or other event)		
wears of transportat		i dipo	se of traver (including	Thame of comerence,	seminar, or other eventy		
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor	/ Payee			
Contribution / Expend	diture reported	l on:					
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S	ss	
Dates of travel	Name o	person(s)	traveling				
	Departu	re city or n	ame of departure loca	alion			
	Destinat	ion city or	name of destination le	ocation			
Means of transportat	ion	Purpo	se of travel (including	g name of conference,	seminar, or other event)		
	A ⁻	TACH AE	DITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form	n.			
		•• Complete only if "Report Type" on page 1 is marked "Final	Report" ••			
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	ATURE				
	designa	t expect any further political contributions or political expenditures in connection with my ating a report as a final report terminates my campaign treasurer appointment. I also un ign contributions or make any campaign expenditures without a campaign treasurer app	derstand that I may not accept any			
4		NOT AN OFFICEHOLDER Inplete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	ck only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	m 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				
	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 that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to			
		Si	gnature of Candidate			
5		EHOLDER splete this section <i>only</i> if you are an officeholder ••				
	· Com	iplete this section only if you are all officendider				
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, a an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as			
			nature of Officeholder			



Filer name

(1) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Date Received				
Date Hand-delivered or Date Postmarked				
Receipt #	Amount \$			
Date Processed				
Date Imaged				

OFFICE USE ONLY

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.

Filer ID #

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the ______ report due on _____.
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

NOTARY STAMP/SEAL			Signature of Filer			
Sworn to and subscribed to	pefore me by		thi	s the	day of	
20, to certify w	hich, witness my hand and se	eal of office.				
Signature of officer administer	ring oath Pri	nted name of officer administer	ing oath	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title of officer	administering oa
		OR				
(2) Unsworn Declaratio	n					
		and	my date of b	irth is		
My name is		, ailu	my date of b			·····
		, and			,	
My name is	(street)	, and	(city)		(zip code)	(country)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER