# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST,	Palk	МІ	OFFICE	EUSE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	; APT/SUITE#; C	CITY; STATE;	ZIP CODE		De Co Elections
MAILING ADDRESS Change of Address	Scher		3108			3 0 2021
	AREA CODE	PHONE NUMBER	EVENO		He	eceived
5 CANDIDATE/ OFFICEHOLDER PHONE	(830) S	tle3-7931	EXTENSIO	JN		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST		МІ	Receipt #	· Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date 110003300	
	1	Friesenha	hn		Date Imaged	
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SU			STATE;	ZIP CODE
TREASURER ADDRESS	21229	Forest W	ater Civ	de		
(Residence or Business)			Gar	den Ru	IN TO	7824LL
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSIO			
PHONE	(510)	le51-102	90			
9 REPORT TYPE	January 15	30th day before el	ection Runo	off		fter campaign ppointment er Only)
	July 15	8th day before elec	CUOII	eded Modified rting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	г
OOVERED	0/	101/2021	THROUGH	Dk /	30/2	021
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	63/01/	General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SC	DUGHT (if known)		
	DISTRU	ct Llevk	Dis	trict	Clerk	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE W	ITHOUT THE CAND	IDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
3	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	-		
	<u> </u>	CO TO I	DAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

97 (1011 7 (10)	THE THE OIL					
15 C/OH NAME	inda Palk	16 File	r ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS  1. 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)  \$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ \( \)			
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,30000			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	F THE LAST DAY	\$ 14,23			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAL LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE	\$ 5,200			
	swear, or affirm, under penalty of perjury, that the accompanying required to be reported by me under Title 15, Election Code.	port is true and co	rrect and includes all information			
	Signat	ure of Candidate	or Officeholder			
	Please complete either option	below:				
(1) Affidavit	MIRSHA PALOMARES NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 02/25/25 NOTARY ID 12932545-2					
NOTARY STAMP/SEAL	L					
Sworn to and subscribed	before me by Linda Balk	this the 30th	day of November,			
20 <u>21</u> , to certify	which, witness my hand and seal of office.					
musna Palon						
Signature of officer administer	ring oath Printed name of officer administering oath		Title of officer administering oath			
	OR					
(2) Unsworn Declaration	on					
My name is	, and my date	of birth is	,			
My address is						
	(street) (city)	(state)	(zip code) (country)			
Executed in	County, State of , on the day of	(month)	, 20 (year)			

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FIL	ERNAME Linda Balk	20 Filer ID (Ethics Co	ommission Filers)
U. 65 C 175 (175 C	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ ()
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ (
4.	SCHEDULE E: LOANS		\$ 5,200
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ ô
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$30314
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 6
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>O</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 1300
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 6
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	s 9

### 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			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;		a.
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

	e Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL OF	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	Check if travel outsi	 	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	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 occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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)					
				N.	

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.

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	lule B:
2 FILER NAME	=		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St	tate; Zip Code		 
	8		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution   description 
	Pledgor address; City; Si			 
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
		7		de of Texas. Complete Schedule T.
Principal occu	ipation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	THE PROPERTY OF THE PROPERTY O	e; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / 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

ii the requested	information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	de Balk		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; 7 29 Foundain Eq.	State; Zip Code	10 Interest rate
YVN	Schertz, TX	78108	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	County
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
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 3-20-21	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	Schertz. TX 781	80	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)  Guadalupe (Co	ienth
Description of Collateral  Check if personal fu account (See Instru			ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NEE	DED

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
Credit Card Payment

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

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

Credit Card Payment	The Instruction Guide explains how to d	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	A Personal Control of the American Associates	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 schedule)	Description	
	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 NEE	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
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER NAME ROLL 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$ 3 03. 14
5 Date 12-20-20	6 Payee name Wish List Direct
7 Amount (\$)	8 Payee address; City; State; Zip Code POBON 31200 New Braunfels, TX 78131-2100
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printry for a maliny  Campaign matterial  (b) Description  (b) Description  Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
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/OF	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	
	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	
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

182	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME	- To now to complete this form	3 Filer ID (Ethics Commission Filers)		
. Teles pages contours 1 1.	2 ,		5 Ther 1D (Ethics Commission Thers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
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					
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if A	sustin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	9			
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
	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 A	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 SCHEDULE AS NEEDED				

## 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 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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

NES	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Palk		3 Filer ID (Ethics Commission Filers)	
4 Date 3-20-21	5 Payee name WIShUST Direct			
6 Amount (\$) 1300 1 Reimbursement from political contributions intended	7 Payee address; POBOX 31200 New Braunfels, TA	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Princip 4 management of the top of this schedule (c)  Check if travel outside of Texas, Complete Schedule T.	(b) Description	TV officeboldes living average	
			, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name UNOLA BALK Dist	Office sought	District Clerk	
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/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		
500 S000	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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense 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

Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	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 schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	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 schedule)	Description		120	
	Check if travel outside of Texas, Complete Schedule T. Check if Au		stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 schedule)	Description			
accol education. Let con a terremonal fold from Michigan St Agriculture.	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Eth	nics Commission Filers)
4 Date	5 Payee name			, , , , , , , , , , , , , , , , , , , ,
6 Amount (\$)	7 Payee address;	City	St	ate Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions regarding	type of information
Date	Payee name			
Amount (\$)	Payee address;	City	Sta	ate Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding t	lype of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### SCHEDULE K

The Instruction Guide explains how to complete this form.			1 Total pages Sche	edule K:
2	FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4	Date	5 Name of person from whom amount is received	L	8 Amount (\$)
		6 Address of person from whom amount is received; City; Sta	te; 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; 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; Stat	ee; Zip Code	
		Purpose for which amount is received Check if p	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 p	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:		
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
E Contribution / Evnen	ditura vanarta	1		
5 Contribution / Expend Schedule A2 Schedule F2	Sch	edule B Schedule B(cedule F4 Schedule G	J) Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling			
	8 Departu	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 / Expend	diture reported	on:		
· .		<del></del>	_	F-
Schedule A2	Sche	edute B Schedule B(J	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	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)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2	Schedu		Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	avel 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				