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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS/ MR	Linda	Balk	OFFICE USE ONLY
IVAIVIL	NICKNAME	LAST	SUFFIX	Date Received
CANDIDATE	122220 (100.00)			auadalupe Co Elections
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX		STATE, ZIP CODE	
MAILING	1297	ountain	bate	JAN 1 9 2022
ADDRESS Change of Address	Scher	+1 TX 78	8008	Received
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(530) L	tu3-793	7	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	A A A A V	MI	Receipt # Amount \$
NAME	NICKNAME	JUN'E	OUEEN	Date Processed
	NICKIVAIVIE	rksenhah	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	OITE #: CITY:	STATE; ZIP CODE
TREASURER ADDRESS	21996	FOREST W	nter circle	OTAL, EN OODE
(Residence or Business)	(Sarden T	Ridge, TX	18264
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(HO)	15126299	O	
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
26-00	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	0,1	101/3001	THROUGH 12	/31/2021
11 ELECTION	ELECTION DA	Deimoni	ELECTION TYPE	Section 101 persons in 1
	Month Day	real	Description	
	03/01/	General General	Special	
12 OFFICE	OFFICE HELD (if any)	ict Clerk	13 OFFICE SOUGHT (if known	-Cierk
	 		10101119	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	JEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	The state of the s
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		40 51 10 (51)
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	(S) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1053.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	AST DAY \$ 14.23
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$ 6500
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is	true and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	Tida fa	LK
	Signature of	Candidate or Officeholder
		<i>a</i>
	Please complete either option belo	ow.
	r loade domplete citaler option bei	
	ь.	
principle and a constraint of the constraint of	N BV BV	MELISSA J DOSS
(1) Affidavit		Notary ID #124678312 My Commission Expires
		September 16, 2023
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Linda Balk this th	e 19th day of Vin
20 20 , to certify	which, witness my hand and seal of office.	. 1
Milwy	on Melissal Joss	Notary
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declaration	OR	
(2) Onsworn Declaration	on	
My name is	, and my date of birth	is .
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of	nth) , 20
	(III)	
	Signature of Can	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	COVER SHEET PG 3
19 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 4,500
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 🔿
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1053.14
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	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 PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occur	pation / Job title (See Instructions)		9 Employer (See Instruc	diama)
	- Timolpai occup	sation / Job title (eee manachons)		3 Employer (See Instruc	aions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
					Amount of contribution (5)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
		Contributor address,	City,	State, Zip Code	
	Principal occup	ation / Job title (See Instructions)	**************************************	Employer (See Instruc	tions)
					,
	Date	Full name of contributor	□ out-of-state PAC	(ID#:)	Amount of contribution (\$)
			_ out or orace 1 No	(15#	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	l				
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
					,
	240				
		ATTACH ADDITI	ONAL COPIES C	F THIS SCHEDULE AS N	EEDED
		If contributor is out-of-state PAC			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

9 2				
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME		3 Filer ID (Ethics Co	emmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description	
7 Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	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 □ out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
Contributor address; City; State;	Zip Code	 	de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	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 spous	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	**************************************			
			-	
6				
ATTACH ADDITIONAL COPIES OF THE	HIS SCHEDU	LEAS NEEDED	requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

		- A SPEAR - A CONTRACT OF A				
TI	ne Instruction Guide explains	how to complete this	s form.	1 Total pages Sched	ule B:	
2 FILER NAM	IE .			3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	F UNITEMIZED PLEDGI	ΞS		\$		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address;	City; Sta	ate; Zip Code		l e	
10 Principal oc	cupation / Job title (See Instruction	ons)	11 Employer (See		de of Texas. Complete Schedule T	
Date		out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address;		ate; Zip Code			
				Check if travel outsi	l . de of Texas. Complete Schedule T	
Principal occ	cupation / Job title (See Instruction	ns)	Employer (See	Instructions)		
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
at a	•		ate; Zip Code			
				Check if travel outside	de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (See Instruction	ons)	Employer (See	Instructions)		
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address;	City; State				
				Check if travel outside	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (See Instruction	ns)	Employer (See	Instructions)		
		gi	to the state of th			
I	ATTACH AI f contributor is out-of-state P	DDITIONAL COPIES AC, please see Inst			requirements.	

LOANS

SCHEDULE E

	T. P					
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME	2 FILER NAME LINDA Balk					
4 TOTAL OF UN	IITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender Balk	PAC (ID#:)	9 Loan Amount (\$) 38.14			
6 Is lender a financial Institution?	8 Lender address; City; 729 Fourtain GR		10 Interest rate			
(N Y	Schertz, TX	78108	11 Maturity date			
	on / Job title (See Instructions) CF CLEVIL	13 Employer (See Instructions) OUAURLUPE	County			
14 Description of Coll	ateral	15 Check if personal fund	ds were deposited into political			
none	S	account (See Instruct	ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
YN		*	Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	Check if personal fund	ds were deposited into political			
none		account (See Instructi	ons)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code	a.			
not applicable		×	*			
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional rej				

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/Aemorials 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

Contributions/Donations Made E Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense	Printing Expense	е	Travel Out Of Distri	
Credit Card Payment	ar Committee	Legal Services	Salaries/Wages/		Other (enter a categ	ory not listed above)
	т	The Instruction Guide expla	ins now to compi	ete this form.		
Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethic	s Commission Filers
Date	5 Payee nam	ne		L		- Anna Sira Farancia de La Companya
Amount (\$)	7 Payee add	iress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	s schedule) (b)	Description		
	(c)	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/OI		te / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
Amount (\$)	Payee add	iress;	ž	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this	schedule)	Description		***************************************
EXI ENDITORE		heck if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought		Office held
Date	Payee nar	ne	***			
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE			2			
OF	Пс	neck if travel outside of Texas. Complete S	Schedule T.	Check if Austin.	TX, officeholder living	expense

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 Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name City; -8 Payee address; State; Zip Code 7 Amount (\$) TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) State; Zip Code Pavee address: City; TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1	Total pa	iges Sched	lule F3:		
2 FILER NAME		3	Filer ID	(Ethics Co	ommissio	n Filers)	
4 Date	5 Name of person from whom investment is purchased						

	6 Address of person from whom investment is purchased; City	y;		Sta	te;	Zip Code	
	7 Description of investment			11		-	
					12	3	
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City	, ' ;		Sta	te;	Zip Code	
,	Description of investment		×		,		
				**************************************			9
	Amount of investment (\$)						
							AV.
						5	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEEDI	ED		***	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

ii the requested inform	nation is not app	bilicable, DO NOT	include this	page in the rep	ort.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B; Candidate/Officeholder/Politica	Event Fees Food/ y Gift/A: Il Committee Legal	Expense Beverage Expense wards/Memorials Expense Services	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	rment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME	Instruction Guide exp	orains now to co	omplete this form.	3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	IZED EXPEND	TURES CHARG	EDTOACR	EDIT CARD	\$	
5 Date	6 Payee name					
7 Amount (\$)	8 Payee addres	ss;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Politica	I	Non-Pol	litical		
10 PURPOSE OF EXPENDITURE		Categories listed at the top o	f this schedule)	(b) Description		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		if travel outside of Texas. Comp / Officeholder name	****	fice sought	stin, TX, officeholder living Office he	* **
Date	Payee name					
Amount (\$)	Payee addres	ss;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Politica	Į "	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top o	f this schedule)	Description		
	Check	if travel outside of Texas. Comp	olete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	Of	fice sought	Office he	eld
	ATTACH AD	DITIONAL COPIES	S OF THIS SO	HEDULE AS NE	EDED	

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 7 Payee address City; State; Zip Code eimbursement from political contributions intended 8 (a) Category (b) Description (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee address Amount (\$) Zip Code 150 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; 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

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

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 Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services			Travel In District Travel Out Of District Other (enter a categor	
Oredit Card Fayment		The Instruction Guide explain	s how to co	mplete 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	(a) Category	(See Categories listed at the top of this so	:hedule) (I	b) Description		
	(c)	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Ot	ffice 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 sci	nedule)	Description		, .
		heck if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Of	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 sci	hedule)	Description		
		heck 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	Of	fice sought	(Office held
	ATT	ACH ADDITIONAL COPIES O	F THIS SC	HEDULE AS NEED	DED	a a

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	T		3 Filer ID (Ethics Co	ommission Filers)			
4 Date	5 Payee name	4					
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.)	e instructions regarding type of	f 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 regarding type of	f 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 regarding type of	finformation			
Date	Payee name			,			
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED				

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

SCHEDULE K

The	dule K:							
2 FILER NAME		3 Filer ID (Ethic	s 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; Star	te; Zip Code	2					
ai.	7 Purpose for which amount is received	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received	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	e; 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; Stat	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 RESIDENCE OF THE PARTY AND			ses successionales				200			
The Instruction Guide explains how to complete this form.					1	1 Total pages Schedule T:				
2 FILER NAME					3	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
5 Contribution	/ Evnend	iture reported	on:							
_							-			
☐ Sche	dule A2	Sche	edule B	Schedule B((J)	Schedule C2		Schedule D	Schedule F	-1
Schedule F2 Sche			edule F4	Schedule G		Schedule H		Schedule COH-UC	Schedule E	3-SS
6 Dates of travel 7 Name of person(s) traveling										
		8 Departur	re city or n	ame of departure lo	ocation	1			····	
		8 Departure city or name of departure location								
	9 Destination city or name of destination location									
10 Means of transportation										
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
Contribution	/ Expend	liture reported	on:							
		□ coh	edule B	Cobodulo D	/ I)		9		H	200
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Means of transportation		Purpose of travel (including name of conference, seminar, or other event)								
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										