Texas Ethics Commission

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

	1 ACCOUNT:	# 2 Total pages filed:	
The C/OH Instruction	Guide explains how to complete this form. (Ethics Commissi		
3 CANDIDATE /	MS/MRS/MR FIRST	OFFICE US	E ONLY
OFFICEHOLDER NAME	Me lost F	Date Received	
NAME	NICKNAME LAST	 SUFFIX	
	Ragin		
· CANIBIBATE /	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE;	ZIP CODE	
4 CANDIDATE / OFFICEHOLDER	7,557,2557,7557,77	III GODE	
MAILING ADDRESS	10914 Yogi Berra	Date Hand-delivered or Pos	lmarked
change of address	EL PASO, TX 79934	Receipt #	JUL10 12 10:15F
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Date Processed	7.007.00.17.7.00.101.1
OFFICEHOLDER PHONE	(915) 6-03-9452	52(0.10005500	
6 CAMPAIGN	MS/MRS/MR FIRST	MI Date Imaged	
TREASURER NAME	MR. WILFRED K	? :	
	NICKNAME LAST	SUFFIX	
	GARZA		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	4625 Round Rock		
(residence or business)	1 ' - ' -		
	EL ASO, Tx 79924	·	<del></del>
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION		30016 15 16:1351
TREASURER PHONE	(915) 821-0470		
110112			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after cam treasurer appointment	
	Muly 15 Bith day before election Exceeded \$	(officeholder only)	NON ED)
	July 15 Sth day before election Simit	Pillal Tepoti (Allaci C	ION-FRY
10 PERIOD	Month Day Year Months,	entropy and a second of the se	
COVERED	01/01/2012 THROUGH 6	13.0 / 2012 F	Maria Maria
	01/01/2012	MY SALLED LANGES	
11 ELECTION	ELECTION DATE ELECTION TYPE	Managemental and the second of	
I LLLOTION	Month Day Year Primary Runoff	General	Special
		<u> </u>	
12 OFFICE	OFFICE HELD (If any)	GHT (if known)	
IZ OFFICE	EKA SOL ISSUE		CA A
	Board of IRuslee Co	n b	The Market
	Board of TRUSTEE SA.  DISTRICT 5		Contraction to
			Sec.
	GO TO PAGE 2	·	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

(TDD 1-800-735-2989)

14 C/OH NAME	eL F.	BARRIOS	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	·	
		COMMITTEE ADDRESS	
	SPECIFIC	None	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	_		
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
	(OTHER	THAN FLEDGES, LOANS, ON GUARANTEES OF ECANO,	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ -0 -
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ -0 -
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ _ o _
18 AFFIDAVIT			
	ELIZABETH CARRASC MY COMMISSION EXPIR September 5, 2015	is true and correct and includes all ir me under Title 15, Election Code	nerjury, that the accompanying report information required to be reported by
and Ago	Manufa Barther Legal to and	Signature of Carroli	date or Officeholder
AFFIX NOTARY STAM	P/SEAL AROVE		
		me, by the said Joel F. Barrior	, this the
	of July	, 20 12, to certify which, witness my	hand and seal of office.
91 hours	buson		
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

=					
		1 Total pages Scho	s form.	truction Guide explains how to complete thi	The
	thics Commission Filers)	3 ACCOUNT # (E			LER NAME
	8 In-kind contribution description (if applicable)	7 Amount of contribution (\$)	)	Full name of contributor	ate
				Contributor address; City; State; Zip Code	
	of Texas, complete Schedule T)	(If travel outside o			
		Instructions)	10 Employer (See	on / Job title (See Instructions)	incipal occup
	In-kind contribution description (if applicable)	Amount of contribution (\$)		Full name of contributor	nte
			/ .	Contributor address; City; State; Zip Code	
	f Texas, complete Schedule T)	(If travel outside o	<b>A</b>		
		nstructions)	Employer (See I	on / Job title (See Instructions)	incipal occup
Ø	In-kind contribution description (if applicable) ្រូ	Amount of contribution (\$)		Full name of contributor  ut-of-state PAC (0#/	ate
		·		Contributor address; City; State; Zip Code	
	of Texas, complete Schedule T)	(If travel outside o	17		
		nstructions)	Employer (See I	on / Job title (See Instructions)	incipal occup
	In-kind contribution description (if applicable)	Amount of contribution (\$)		Full name of contributor	ate
		[	,	Contributor address; City; State; Zip Code	
	of Texas, complete Schedule T)				
	· · · · · · · · · · · · · · · · · · ·	nstructions)	Employer (See I	on Job title (See Instructions)	incipal occup
-	in-kind contribution description (if applicable)	Amount of contribution (\$)	)	Full name of contributor	ate
		, ,   		Contributor address; City; State; Zip Code	
_	f Texas, complete Schedule T)		Employee (Car I		
		115(100(10115)	Employer (See i	on / Job title (See Instructions)	incipal occup

Texas Ethics Commission

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Sch	nedule B:
FILER NAME	3 ACCOUNT # (E	Ethics Commission Filers)
. TOTAL OF UNITEMIZED PLEDGES: ⇔ ↔ ↔ ↔	<u>+</u>	\$
Date 6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		
O Principal occupation / Job title (See Instructions) 11 Employer (See I		of Texas, complete Schedule T)
) Principal occupation / 300 title (See Hattochoris)		
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		
	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See I	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		 
	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		o. Johns Company
Deta Till and of slades Till a Colores	Amount of	In-kind description
Date Full name of pledgor out-of-state PAC (ID#:)	pledge (\$)	(if applicable)
Pledgor address; City; State; Zip Code		
J , , , , , , , , , , , , , , , , , , ,		of Toyon, complete Schodule T
	(If traval autoido	
Principal occupation / Job title (See Instructions)  Employer (See I	(If travel outside	or rexas, complete scriedule 1)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of pledgor out-of-state PAC (ID#:		In-kind description (if applicable)
	Amount of	In-kind description
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description

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

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE  Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how t	Contract Labor L Iraising Expense T t C istrict I/Rental Expense C	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee oTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (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 (If	travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (If	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payes name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EDED

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule G:	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Travel Out Of Dist Office Overhead/R The Instruction Guide explains how to	ontract Labor ising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee cental Expense OTHER (enter a category not listed above)	
4 Date	5 Payee name		-
·			
6 Amount (\$)	7 Payee address; City; State; Zip Code	. /	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	JULIE	12 10:15PM
Reimbursement from political contributions intended	`.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

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

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

P.O. Box 12070

#### SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel in District Travel Out Of Dis Office Overhead/F	aising Expense	Contributions/Donati Candidate/Office	oment & Related Expense
	The Instruction Guide	explains how to	complete this for	rm.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			
	· 				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of Texas	complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought	t	Office held
Date	Business name			. /.	
Amount (\$)	Business address; City; Sta	ate; Zip Code		/	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	7	Office sought	t	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas,	complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	t	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas,	complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	t <sub>.</sub>	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS I	NEEDED	

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

(TDD 1-800-735-2989)

Date Payee name JUL18  Amount (\$) Payee address; City; State: Zip Code  PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City State; Zip Code  PURPOSE OF EXPENDITURE  Date Payee name  Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)  PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee name  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)				
4 Date 5 Payee name  6 Amount (\$) 7 Payee address; City; State; Zip Code  8 PURPOSE OF EXPENDITURE  Date Payee name  JUL16 12 18:16  Amount (\$) Payee address; City; State; Zip Code  Purpose OF EXPENDITURE  Date Payee name  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Purpose OF EXPENDITURE  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ontract Labor Ising Expense Ising Expense Itrict Ising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions (Application of the Committee Committee) Candidate (Officeholder (Political Committee Committe	- 1
4 Date 5 Payee name  6 Amount (\$) 7 Payee address; City; State; Zip Code  8 PURPOSE OF EXPENDITURE  Date Payee name  JUL16 12 18:16  Amount (\$) Payee address; City; State; Zip Code  Purpose OF EXPENDITURE  Date Payee name  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Purpose OF EXPENDITURE  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)  Date Description (See instructions regarding type of information required.)			2 1000 NT 4 /5/1/2 0	^
6 Amount (\$)  7 Payee address; City; State; Zip Code  8 PURPOSE OF EXPENDITURE  (a) Category (See categories listed at the top of this schedule)  Date  Payee name  JUL16  12 18116  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Date  Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Date  Payee address; City, State; Zip Code  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Date  Payee address; City, State; Zip Code  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Date  Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date  Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date  Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date  Payee address; City; State; Zip Code	1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Etnics Commission File	ers)
8 PURPOSE OF EXPENDITURE  (b) Category (See categories listed at the top of this schedule)  Date  Payee name  JUL10  12 18:161  Amount (\$)  Peyee address; City; State; Zip Code  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Category (Sep/dategories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Category (Sep/dategories listed at the top of this schedule)  Description (See instructions regarding type of information required.)	4 Date	5 Payee name		
Date Payee name JUL18  Purpose OF Expenditure  Category (See categories listed at the top of this schedule)  Purpose OF Expenditure  Date Payee name  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF Expenditure  Date Payee address; City, State; Zip Code  Purpose OF Expenditure  Date Payee address; City, State; Zip Code  Description (See instructions regarding type of information required.)  Purpose OF Expenditure  Date Payee address; City, State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code	6 Amount (\$)	7 Payee address; City; State; Zip Code		
Date  Payee name  JUL18  JUL18		(a) Catagory (Fee entereries listed at the ton of this schedule)	(b) Description (See instructions regarding type of information require	ed )
Date Payee name JUL18  Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City State; Zip Code  PURPOSE OF EXPENDITURE  Date Payee name  Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)  PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Date Payee address; City; State; Zip Code	OF	(a) Category (see categories listed at the top of this scriedure)		
Amount (\$)  Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Date  Payee address; City, State; Zip Code  Description (See instructions regarding type of information required.)  PURPOSE OF EXPENDITURE  Date  Payee address; City, State; Zip Code  Description (See instructions regarding type of information required.)  PURPOSE OF EXPENDITURE  Date  Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  PURPOSE OF EXPENDITURE  Date  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)				
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Payee name  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  PURPOSE OF EXPENDITURE  Date  Payee address; City; State; Zip Code  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Date  Date  Date  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)	Date	Payee name	10	L10 12 10:16
Date Payee name  Amount (\$) Payee address; Clty, State; Zip Code  PURPOSE OF EXPENDITURE  Date Payee address; Clty, State the top of this schedule) Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE	Amount (\$)	Payee address; City; State; Zip Code		
Date Payee name  Amount (\$) Payee address; City, State; Zip Code  PURPOSE OF EXPENDITURE  Date Payee address; City, State the top of this schedule) Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Purpose OF EXPENDITURE		N	P	
Amount (\$)  Payee address; City, State; Zip Code  PURPOSE OF EXPENDITURE  Date  Payee name  Amount (\$)  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Date  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)	OF	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information require	d.)
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Date  Payee name  Category (See categories listed at the top of this schedule)  Date  Payee address;  City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)  Description (See instructions regarding type of information required.)	Date	Payee name		
Date Payee name  Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  OF EXPENDITURE	Amount (\$)	Payee address; City, State; Zip Code		
Date Payee name  Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)		Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information require	ed.) .
Amount (\$)  Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)				
Amount (\$)  Payee address;  City; State; Zip Code  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)	Date	Payee name	·	
OF EXPENDITURE	Amount (\$)	Payee address; City; State; Zip Code		
EXPENDITURE			Description (See instructions regarding type of information require	ed.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		4.		

### INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule i	<u> </u>
2 FILER NAME	E	3 ACCOUNT # (Ethics C	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 Co	ode	
	7 Purpose for which amount is received		
Date .	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zio Co	ode	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	de	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	de	
	Purpose for which amount is received	•	
$\overline{}$			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	•

	NTRIBUTION OR POLITICAL EXP	ENDITURE SCHEDULE T	
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expend	liture reported on:		
Sci	nedule A Schedule B Schedule C Sc	chedule D Schedule F Schedule G	
Sch	nedule H Schedule N COH-UC CO	OH-T PAC-C PAC-E	
Dates of travel	7 Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
10 Means of transportat	ion 11 Purpose of travel (including name of conference	ence, seminar or other event) JUL10 12	10:1
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendit	ture reported on:		
Sch	nedule A Schedule B Schedule C Sc	chedule D Schedule F Schedule G	
Scl	hedule H Schedule N COH-UC	OH-T PAC-C PAC-E	
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	n Purpose of travel (including name of conference	ce, seminar, or other event)	
·			
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendi	ture reported on:		
Sch	nedule A Schedule B Schedule C Sc	chedule D Schedule F Schedule G	
Sch	nedule H Schedule N COH-UC CO	OH-T PAC-C PAC-E	
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	ce, seminar, or other event)	
<del>/</del> -	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	

#### Texas Ethics Commission

# 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 "Final Report" ••	
C/OH I	NAME 2 ACCOUNT # (Ethics Commission	ı Filers
SIGN	ATURE	
report a	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designals a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contribe any campaign expenditures without a campaign treasurer appointment on file.	ating a
	Signature of Candidate / Officeholder	
	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	ck only one:	
	l do not have unexpended contributions or unexpended interest or income earned from political contributions.	
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to person 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 fin 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.	nal ed nal
В.	ASSETS	
Chec	ck only one:	
	I do not retain assets purchased with political contributions or interest or other income from political contributions.	
-	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand the I may not convert assets purchased with political contributions or interest or other income from political contributions to person use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirement of Election Code, § 254.204.	nal
	Signature of Candidate	
OFFI	CEHOLDER  uplete this section <i>only</i> If you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on fil I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as a officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with politic contributions or interest or other income from political contributions.	an
	Signature of Officeholder	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

					_
		1 ACCOUNT #	2 Total pages file	∍d:	
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	1 · 1		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE	USE ONLY	1
OFFICEHOLDER NAME	Mr Alfredo		Date Received		
117 11712	NICKNAME LAST	SUFFIX	1		
	Fred Borress	,			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	1	.701.12	12 3:04PM
OFFICEHOLDER	4020 Touchadas				
MAILING ADDRESS	1000 110021	~ ~ ~ ~	Date Hand-delivered	or Postmarkeo	
change of address	El PARO, TX 19	903	Receipt #	Amount	タム フェウムロビ
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	JUDIXX	22 330ABH
OFFICEHOLDER PHONE	(915) 562-2629	·			
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER	Mr. Alfredo				
IVAIVIL	NICKNAME LAST	SUFFIX			
	tred Borrege				]
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIPCODE		
TREASURER	4020 Trowbridg	0		•	
ADDRESS (residence or business)	portación Cour	36			
	EI TASO TX	79903			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(915) 562-2629				
PHONE					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after		
• • • • • • • • • • • • • • • • • • • •			treasurer appo (officeholder only)		
	July 15 8th day before election	Exceeded \$500	Final report (At	ach C/OH - FR)	
		der to participate the second	and Annual Control		
10 PERIOD	Month Day Year	Month Day	Year ADRAU HTWAYIT	the state of the s	
COVERED	01/01/2012 THROUGH	<i>06 /</i> 30%	A O L		
	,	A Contraction of the Contraction	Distriction of the	The Williams	
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary	Runoff	General	Special .	
12 OFFICE	OFFICE HELD (ifany)	13 OFFICE SOUGHT (if known)		-	]
·	EPTCD To do				
	LITON INRIGE		•		
	EPISD Trustee #3				
		GE 2		·	
	GOTOPA	UL, Z			i

### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

(TDD 1-800-735-2989)

		war and the same a	
14 C/OH NAME	12re20	"Fred Borrego 15 ACC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDE <b>R'</b> S KNOWLEDGE OR
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		COLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRING PERIOD	\$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
MV CO	ABETH CARRASCO DMMISSION EXPIRES eptember 5, 2015	I swear, or affirm, under penalty of perjury is true and correct and includes all information me under Title 15, Election Code.  Signature of Candidate of	tion required to be reported by
AFFIX NOTARY STAM		ne, by the said Alfredo Borrego	, this the
12th day	of July	, 20, to certify which, witness my har	nd and seal of office.
Signature of officer admir	Masce) Tistering oath	Ruabeth (grasco f Printed name of officer administering oath Titl	e of officer administering oath

Austin, Texas 78711-2070

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

		1 ACCOUNT#	2 Total pages filed:	
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)		
3 CANDIDATE /	MS MRS / MR FIRST	MI	OFFICE USE ON	LY
OFFICEHOLDER NAME	NICKNAME LAST	ela suffix	Date Received	
	CASTANON Willie	ains		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIPCODE	Date Hand-delivered or Postmarked	
change of address	9009 ELDORADO, EZ PAS	O. R. 79925	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
PHONE	915 253 - 3613	MI	Date Imaged .	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  CARM 670  NICKNAME LAST			
	DUARTE	•		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE	
	4615 BONSS	EZPASO TX	79903	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (915) 562 - 7122	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - Fi	₹)
10 PERIOD COVERED	Month Day Year THROUGH	on expire [6	Year  YEDANE  JEMMON  Jimmon	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary  5 / 1 4 / 2011		General Specia	ai .
12 OFFICE	OFFICEHELD (If any) & PASO TALGREDISEN,	7 13 OFFICE SOUGHT (if known)		JUL11 2 1:06
	SEHOOL DISTRICT BOARD	1 '		
	OF TRUSTERS DISTRICT 2			
	GO TO PAC	GE 2		- 40.
I				****

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
MARIA ISE	A PASTAR	DON WILLIAMS		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS	·	
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	· (Nagar	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2782.40			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT	ELIZABETH CARRAS MY COMMISSION EXPI September 5, 2015	is true and correct and includes all me under Title 15, Election Code.  Than I la la	f perjury, that the accompanying report information required to be reported by  Last 52 Managed House and Companying report to the perjury, that the accompanying report to the perjury to	
AFFIX NOTARY STAM	IP / SEAL ABOVE	Hair Lay Call		
Sworn to and subs	of July	1.4	n	
Signature of officer admi	Musico inistering oath	Klnabeth Amasco Printed name of officer administering oath	Title of officer administering oath	

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(TDD 1-800-735-2989)

	in a land to the second and the seco	- farm	1 Total pages Scho	edule A:
The	Instruction Guide explains how to complete this	s torm.	3 A000UNT# (E	higo Commission Filore)
PILER NAME			3 ACCOUNT # (EI	hics Commission Filers)
MARIA:	ISEZA CASTANON WILLIA	2005		
Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		$\emptyset$	
	NIA		/If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	10 Employer (See	<del></del>	Toxas, complete consecutor ty
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1	
	U. / Int. (U. /One Instructions)	Employer (See		f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Linployer (Occ.)	mon donomo,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			<u> </u>	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occu	pation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC (ID#:_	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)
			Amount of	
	Full name of contributor		Amount of contribution (\$)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission

(512) 463-5800

The li	nstruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B:
FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
ARIA IS	ELA CASTANON WILLIAMS			
TOTAL	OF UNITEMIZED PLEDGES: ⇔	다 다 다	라 . 다	\$
Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
·				 
	r rieugoi address, Gity, Gtate, Zip Gode		Ø	
	NA		(If travel outside	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	11 Employer (See I	<u> </u>	
Date	Full name of pledgor out-of-state PAC (ID#:	1	Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See II	I	,
Date	Full name of pledgor	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(if travel outside o	of Texas, complete Schedule T)
		Employer (See Ir	nstructions)	
Principal occupa	tion / Job title (See Instructions)			
Principal occupa	tion / Job title (See Instructions)  Full name of pledgor  ut-of-state PAC (ID#:		Amount of	In-kind description
			Amount of pledge (\$)	In-kind description (if applicable)
	Full name of pledgor  out-of-state PAC (ID#:		pledge (\$)	(if applicable)
Date .	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		pledge (\$)  . (If travel outside o	
Date .	Full name of pledgor  out-of-state PAC (ID#:		pledge (\$)  . (If travel outside o	(if applicable)
Date .	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		pledge (\$)  (If travel outside of natruotions)	(if applicable)
Date .	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code  Ition / Job title (See Instructions)  Full name of pledgor out-of-state PAC (ID#:	Employer (See la	pledge (\$)  (If travel outside onstructions)	(if applicable) of Texas, complete Schedule T) In-kind description
Date .	Full name of pledgor out-of-state PAC (ID#:	Employer (See la	pledge (\$)  (If travel outside of natruotions)	(if applicable) of Texas, complete Schedule T)  In-kind description (if applicable)
Date .	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code  Ition / Job title (See Instructions)  Full name of pledgor out-of-state PAC (ID#:	Employer (See la	pledge (\$)  (If travel outside of nstructions)  Amount of pledge (\$)	(if applicable) of Texas, complete Schedule T) In-kind description

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract La Solicitation/Fundraising Exp Travel In District Travel Out Of District Office Overhead/Rental Ex explains how to complet	ense Transportation Contributions/E Candidate/Copense OTHER (enter	ent/Reimbursement Equipment & Related Exp Conations Made By Officeholder/Political Com a category not listed abo	mittee
1 Total pages Schedule F:	2 FILER NAME		ľ	JNT # (Ethics Commission	Filers)
	MARIA ISBLA CAST	ANOW MILLIA	7000 5		
4 Date	5 Payee name  W/A		•		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b) De	scription (If travel outside of	Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Offi	ce sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Des	scription (If travel outside of	Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Offic	ce sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top-	of this schedule) . Des	scription (If travel outside of	Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Offic	ce sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code			JUL11 12 1:07P
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Des	scription (If travel outside of 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Offic	e sought	Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDU	ILE AS NEEDED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense   Accounting/Banking   Consulting Expense   Legal Services   Food/Beverage Expense   Food/Beverage Expen
### Amount (\$) Payee address; City; State; Zip Code    Palmbursement from political contributions intended   Payee name   Payee name
### Amount (\$) Payee address; City; State; Zip Code    Paintensement from political contributions intended   Payee name
6 Amount (\$)  Payee address; City; State; Zip Code    Reimbursement from political contributions intended   (b) Description (If travel outside of Texas, complete Schedule T)    Date
6 Amount (\$) 7 Payee address; City; State; Zip Code  Relimbursement from political contributions intended  8 PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Payee address; City; State; Zip Code  Description (If travel outside of Texas, complete Schedule T)  Date Purpose OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code
Reimbursement from political contributions intended  8 PURPOSE OF EXPENDITURE  Date  Payee name  Amount (\$)  Purpose OF Expenditure  Category (See categories listed at the top of this schedule)  Payee address; City; State; Zip Code  Purpose OF Expenditure  Date  Payee address; City; State; Zip Code  Purpose OF Expenditure  Date  Payee name  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Description (If travel outside of Texas, complete Schedule T)  Purpose OF Expenditure  Date  Payee name  Amount (\$)  Payee address; City; State; Zip Code
political contributions intended  8 PURPOSE OF EXPENDITURE  Date  Payee name  Amount (\$)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  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 (If travel outside of Texas, complete Schedule T)  Description (If travel outside of Texas, complete Schedule T)  Purpose OF EXPENDITURE  Date  Payee name  Amount (\$)  Payee address; City; State; Zip Code
Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Amount (\$) Payee name  Amount (\$) Payee address; City; State; Zip Code
Date Payee name  Amount (\$) Payee address; City; State; Zip Code  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  Payee name  Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  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)  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 (If travel outside of Texas, complete Schedule T)  Date  Payee name  Amount (\$)  Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE  Payee name  Amount (\$)  Payee address;  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Description (If travel outside of Texas, complete Schedule T)  Payee name  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Payee name
PURPOSE OF EXPENDITURE  Date Payee name  Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code
Reimbursement from
Reimbursement from
political contributions intended
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE
Date Payee name
Amount (\$) Payee address; City; State; Zip Code
Reimbursement from political contributions intended
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

TO A BUSINESS OF C/OH

### PAYMENT FROM POLITICAL CONTRIBUTIONS

Austin, Texas 78711-2070

SCHEDULE H

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor Loar alsing Expense Trar Con strict (	n Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
F865	The Instruction Guide explains how to		TEX (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	MARIA TSPA (IASTITUON INI 5 Business name	'CLIAMS	<u>L</u>
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 (If trav	vel oulside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	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 (If trav	vel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	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 (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		7111 2 3 .
	1	D	rel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if trav	er duside of Texas, complete scriedale 1)

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

Talal agent Cabadula II	The Instruction Guide explains how to 2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Total pages Schedule I:	I control of the cont	
	MARIA ISBLA PHOTANON	NICCITIONS
Date	5 Payee name	
	•	
Amount (\$)	7 Payee address; City; State; Zip Code	·
•		
		,
	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
PURPOSE OF	(a) Category (see categories listed at the top of this solidary)	(-)
EXPENDITURE		
Data	Payee name	
Date	T ayou mamo	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
PURPOSE OF		
EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
2 (4)		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF EXPENDITURE		
Date	Payee name	•
Amount (\$)	Payee address; City; State; Zip Code	
,ουπ (ψ)		JUL11
	·	30511
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF		
EXPENDITURE		

(512) 463-5800

## INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS. AND PURCHASE OF INVESTMENTS

P.O. Box 12070

#### SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:	
FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)	
Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip		Ø	
	7 Purpose for which amount is received	^		
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip			
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip			
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip	Code		
			711	

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME MARIA ISERA CASTAWON WILLIAMS 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule F Schedule G Schedule C Schedule D Schedule A Schedule B PAC-E PAC-C П сон-ис сон-т Schedule H Schedule N 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule C Schedule D Schedule A Schedule B PAC-E PAC-C COH-UC COH-T Schedule H Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule D Schedule A Schedule B Schedule C PAC-E COH-UC COH-T PAC-C Schedule N Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location JUL11 12 1:07PM Purpose of travel (including name of conference, seminar, or other event) Means of transportation

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

Austin, Texas 78711-2070

FORM C/OH - FR

	The Instruction Guide explains how to  •• Complete only if "Report Type" on page 1 i	
COL		2 ACCOUNT # (Ethics Commission Filers)
C/OF	INAME	2 Account # (Elisa commission rists)
SIGI	IATURE	· '
repor	ot expect any further political contributions or political expenditures in conne as a final report terminates my campaign treasurer appointment. I also unc ke any campaign expenditures without a campaign treasurer appointment o	erstand that I may not accept any campaign contributions
	NA	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER on the state of	
A.	CAMPAIGN FUNDS	
	eck only one:	
	I do not have unexpended contributions or unexpended interest or incor	ne earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political co report. Further, I understand that I must dispose of unexpended politic earned on political contributions in accordance with the requirements of	rincome earned on political contributions to personal contributions and that I may not retain unexpended ntributions longer than six years after filing this final al contributions and unexpended interest or income
В.	ASSETS	
Ch	ck only one:	
	I do not retain assets purchased with political contributions or interest of	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with polition of Election Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
		Signature of Candidate
	CEHOLDER  nplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office I am also aware that I will be required to file reports of unexpended con officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	tributions it, after filing the last required report as an
		Signature of Officeholder

### CANDIDATE / OFFICEHOLDER

### FORM C/OH

CAMPAIG	N FINANCE REPORT	COVER SHEET PG T
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Ira D.	Date Received
	NICKNAME LAST SUFFIX	
	David dodge	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	]
OFFICEHOLDER MAILING ADDRESS	56 Santoint Lane	Date Hand-delivered or Postmarked
change of address	EltasoTexas 77912	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Date Processed
OFFICEHOLDER PHONE	9151 584 5393	
6 CAMPAIGN	MS/MRS/MR FIRST MI	Date Imaged
TREASURER NAME	Mrs Debra	JUL10 2 10:15PM
	NICKNAME LAST SUFFIX	
	Devie Hester	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; CITY; STATE;	ZIPCODE
TREASURER ADDRESS	Co 102 Pinehurst	
(residence or business)		
	EPacoTX 79912	· ·
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(918t) 587 527G	
	00/00/0	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500	Final report (Attach C/OH - FR)
	limit	
10 PERIOD	Monih Day Year Month Day	Year HA TERNAL
COVERED	01/16/2012 THROUGH 06/30X	TO THE CONTRACT OF THE CONTRAC
	2003	THEREPORT WAS A STATE OF THE ST
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	)
	School Board	Party .
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Irustee	1
	GO TO PAGE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	TA (T	) avid Dodge 15 ACC	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS	· · ·		
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø.ØØ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 7.50		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00		
·	4. TOTAL	POLITICAL EXPENDITURES	\$ \$\tilde{\pi}, \pi\pi		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ \$\phi. \phi \phi\$		
18 AFFIDAVIT		to the state of th	. Also A Also accompany in a report		
E. Same Berne Valle	ELIZABETH CARRASCO Y COMMISSION EXPIRE September 5, 2015	. III			
		Signature of Candidate	or Officeholder		
AFFIX NOTARY STAM	P / SEAL ABOVE				
Sworn to and subs	scribed before of July	me, by the said <u>ra Pavd Dodge</u> 2000, 20 <u>12</u> , to certify which, witness my ha	nd and seal of office.		
Planet (	huaso	Elnabeth Carrasco Exc	ec Asst.		
Signature of officer admi	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

(512) 463-5800

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
FILER NAME	Ira David Dodge	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-land contribution contribution (\$) description (if applicable)
	6 Contributor address; City; State; Zip Code	
		(If travel outside of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions) 10 Em	ployer (See Instructions)
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
	Contributor address; City; State; Zip Code	
		(If travel outside of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	oloyer (See Instructions)
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
	Contributor address; City; State; Zip Code	
		(If travel outside of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions) Emp	ployer (See Instructions)
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
	Contributor address; City; State; Zip Code	
		(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
/	Other States 7 Code	
	Contributor address; City; State; Zip Code	
	Contributor address; City, State, Zip Code	(if travel outside of Texas, complete Schedule T)

Texas Ethics Commission

(512) 463-5800

LOANS		SCHEDULE E
The Instruction Guide explains how to cor	mplete this form.	1 Total pages Schedule E:
FILER NAME Tra David	Dodge	3 ACCOUNT # (Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS:		⇒ \$
Date of loan 7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
Is lender 8 Lender address; City; State; a financial Institution?	Zip Code	10 Interest rate  11 Maturity date
YN	. /	,
2 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Collateral     none	15 Check if personal funds were	e deposited into political account
G GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City;	State; Zip Code	JUL10 12
Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
ls iender Lender address; City; State; a financial	Zip Code	Interest rate
Institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal funds were	deposited into political account
none		
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEI	EDED

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment/Re	eimbursement
Accounting/Banking	Legal Services	Solicitation/Fundr			pment & Related Expense
•	Food/Beverage Expense	Travel In District		Contributions/Donat	
Consulting Expense Event Expense	Polling Expense	Travel Out Of Dis	etrict	Candidate/Office	holder/Political Committee
•	• .	Office Overhead/			tegory not listed above)
Fees	Printing Expense		•		legory hat hated doors,
	The Instruction Guide	explains how to	complete this for		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
, rotal pages sollerate.				[ ·	
4 Date	5 Payee name				
	·				
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
	·.			/	
		•			
o DUDDOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)
8 PURPOSE OF	(a) Category (containing interest in the		(4)		· ·
EXPENDITURE	•				
		·	1 0 55	/	Office held
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	e e	Office held
expenditure to benefit C/O	PH .				•
			/_		
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
	Category (See categories listed at the top	-64bin nahanika)	Description	(If travel outside of Texas	complete Schedule T\
PURPOSE	Category (See categories listed at the top	oi tilis scriencie)	Description	(II travel outside of Texas	, complete conedate 17
OF					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/O	н 🖊				
Date	Payee name				
24,5					
Amount (\$)	Payee address; / City; Sta	te; Zip Code		•	
,					
	/		Donation to a	###	t-t- O-tdut-T\
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete scriedule 1)
OF ,				•	
EXPENDITURE			<u></u>		
Complete ONI V if direct	Candidate / Officeholder name		Office sough	t	Office held
Complete <u>ONLY</u> If direct expenditure to benefit C/O	/		•		•
SAPSTIGITO TO DOTION O/O					
Date	Payee name				
Date	/ 4,00 114.110				
	/				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
/ (#)	. 2,00 202.000, 0.0,1	<del>-</del>			l
/					
_ /	•				l
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF /			1		ľ
EXPENDITURE	·	•			
	Condidate / Office helder		Office sought	•	Office held
Complete ONLY if direct	Candidate / Officeholder name		Onice sough	·	Outoe noin
expenditure to benefit C/C	DH				
	ATTACLI ADDITIONAL CO	ODIES OF THIS	SCHEDIII E VOI	MEEDED	
	ATTACH ADDITIONAL CO	741E9 OF 1119	SOMEDULE AS I	AUTO TO	

SCHEDULE G

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule G;	2 FILER NAME  1 Pavid Dodge  3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name  JUL10 12 1	.0:15P
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	÷
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		

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

SCHEDULE H

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	)	<del></del>
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai			ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donatio	•
Event Expense	Poliing Expense	Travel Out Of Distr	rict	Candidate/Officeh	older/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a cate	gory not listed above)
	The Instruction Guide	e explains how to o	complete this fo	rm.	
1 Total pages Schodule H:	2 FILER NAME				(Ethics Commission Filers)
1 Total pages Schedule H:	2 FILER NAIME	T -	[ ]	C 0	(Ethios Commission Filery)
	L 0 MC	Macri 2	1 9 9 6	<u> </u>	
4 Date	5 Business name			,	
6 Amount (\$)	7 Business address; City; St	ate; Zip Code			
6 Amount (\$)	/ Busiless address, Oity, Ot	atc, 215 0000			
			1		<del>-/</del>
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, o	omplete Schedule 1)
OF EXPENDITURE					
EXPENDITORE				/_	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt /	Office held
expenditure to benefit C/C	)H	•			•
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
Amount (\$)	Dusiness address, Oity, Oit	210, 210 0000			
			,	/	
			/		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, o	omplete Schedule T)
OF					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ıt	Office held
expenditure to benefit C/O	·H				
		/			
Date	Business name				
Amount (C)	Business address; City; St.	ate; Zip Code			
Amount (\$)	Business address; City; St	ate, Zipoode			
		/	1		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, c	omplete Schedule T)
OF					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ıt	Office held
expenditure to benefit C/O	н /		•		
		<del></del>			
Date	Business name				
A ( / / / )	5	ata. Zin O-d-			
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
OF					•
EXPENDITURE		•			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to henefit C/O			. 3		

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

			<b>∃</b>
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro The Instruction Guide explains how to Co	Intract Labor Ising Expense Ising Expense Ising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Internal Expense Complete this form.	
1 Total pages Schedule I:	2 FILER NAME TA David	3 ACCOUNT # (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 (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	JUL10	2 10:16PM
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zlp Code		
•			
PURPOSE OF EXPENDITURE	Category (See pategories listed at the top of this schedule)	Description (See instructions regarding type of information required.) .	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE. OF	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
EXPENDITURE			1

### INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	Tra David Dodge	3 ACCOUNT # (Ethics 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	
	e e	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
		· · · · · · · · · · · · · · · · · · ·
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	3
	Purpose for which amount is received	
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	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

(512) 463-5800

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule F Schedule G Schedule A Schedule B Schedule C Schedule D PAC-E PÁC-C сон-т □ сон-ис Schedule N Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: JUL10 12 10:16PM Schedule F Schedule G Schedule C Schedule D Schedule A Schedule B PAC-E PAC-C COH-T Schedule H Schedule N COH-UC Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported/on: Schedule C Schedule D Schedule F Schedule G Schedule A Schedule B PAC-E PAC-C □ сон-ис COH-T Schedule Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

(TDD 1-800-735-2989)

		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Fi	form. nal Report" ••				
1	C/OH N	IAME	2 ACCOUNT # (Ethics Commission Filers)				
3	SIGNA	ATURE					
	report a	expect any further political contributions or political expenditures in connection with my ca s a final report terminates my campaign treasurer appointment. I also understand that I ma any campaign expenditures without a campaign treasurer appointment on file.	ndidacy. I understand that designating a sy not accept any campaign contributions				
		Signatu	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from p	olitical contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions ar contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code, § 2.	on political contributions to personal nd that I may not retain unexpended or than six years after filing this final and unexpended interest or income				
	В.	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 pol I may not convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	rom political contributions to personal				
			Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, afte officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	r filing the last required report as an				
		Si	ignature of Officeholder				

'n

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>O</b> 7 ( 7 O.					
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS/MRS(MR FIRST	MI	OFFICE I	JSE ONLY	İ
OFFICEHOLDER	P. SOL	· •	Date Received	JOE ONE!	
NAME	NICKNAME LAST	SUFFIX	Date Vecelven		
	Wqqs	STATE; ZIP CODE			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIPCODE			
MAILING ADDRESS	· · ·	2 - 500 .	Date Hand-delivered or F	Poslmarked	
change of address	9004 Vivgo Lane B		Receipt #	Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed		
6 CAMPAIGN	MS/MRS (MR) FIRST	MI	Date Imaged		
TREASURER NAME	NICKNAME LAST	SUFFIX		JUL10	12 10:14PM
	Wiggs				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE	•	
,	3220 Sards	El Poso, TX	79904		·
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 755-0286	EXTENSION			
				,	
9 REPORT TYPE	Jenuary 15 30th day before election	Runoff	15th day after ca treasurer appoint (officeholderonly)		
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attact	n C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month ODEAPS/AO ( ZM3300) ZM3300/A	HJYSETU CHAQOI 2 MOORE ON 2		
11 ELECTION	ELECTION DATE  Month  Day  Year  Primary  O5/09/09	Runoff	General [	Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)			
	The state of the s		4.	e e e e	·
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Brand of Trustees ECIST		e established	1 ×	·
	GÖTOPAG	SE 2	•	p*	

#### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

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

14 C/OH NAME	Ru	ssed War	> 5	15 ACCOU	NT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	NDIDATE'S OR C	CAL COMMITTEES TO SUPPORT THE OFFICEHOLDER'S KNOWLEDGE OR ENOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREAS	URERNAME		
additional pages					
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS IS, LOANS, OR GUARANTEE	S OF \$50 OR LESS (OTHER TH ES OF LOANS), UNLESS ITEMI	AN ZED \$	6
		POLITICAL CONTRIBUT THAN PLEDGES, LOANS, O	\$	6	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES (	OF \$100 OR LESS, UNLESS ITE	EMIZED \$	4
	4. TOTAL	POLITICAL EXPENDITUR	\$	6	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS DRTING PERIOD	DAY \$	500,00	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL Y OF THE REPORTING PER	OUTSTANDING LOANS AS OF	THE \$	-
18 AFFIDAVIT					
	ELIZABETH CARRA: MY COMMISSION EXF September 5, 201	SCO is	true and correct and includes a e under Title 15. Election Code	ill information.	required to be reported by
AFFIX NOTARY STAM		10.	ussell whose		
Sworn to and subs	of July	ne, by the said <u>R</u> , 20 <b></b> , to	certify which, witness	my hand	, this the and seal of office.
Elgant	aueros	Elizabeth (	araro E	xee L	soutant
Signature of officer admi	nistering oath	Printed name of office	er administering oath	Title of	officer administering oath

xas Etnics Con	nmission l	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	)
and the second s		ITRIBUTIO LEDGES (		NS		SCHEDULE A	
The	Instruction Guid	de explains how to	o complete thi	is form.	1 Total pages Sche	edule A:	
FILER NAME		_:		44.0	3 ACCOUNT # (Et	hics Commission Filers	1
FILER NAME	(Cus	sell Wig	95				
Date	5 Full name of	contributor 🗌 o	ut-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Contributor a	ddress; City; S	tate; Zip Code		·		-
					(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (\$	See Instructions)		10 Employer (See	Instructions)		
Date	Full name of	contributor 0	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor a		tate; Zip Code	, · · · · · · · · · /			
		·	·		(If travel outside o	f Texas, complete Schedule T)	
Principal occu	pation / Job title (S	See Instructions)		Employer (See	Instructions)	JUL10	2 16
Date	Full name of	contributor 🔲 c	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor a	address; City; S	tate; Zip Code	. ,			
					<u></u>	of Texas, complete Schedule T)	
Principal occu	pation / Job title (S	See Instructions)		Employer (See	Instructions)		3
Date	Full name of	contributor	ut-of-state PAC (ID#:_		Amount of contribution (\$)	tn-kind contribution description (if applicable)	
	Contributor a	address; City; S	itate; Zip Code		·		
						f Texas, complete Schedule T)	
Principal occu	pation / Job title (S	See Instructions)		Employer (See	Instructions)		
Date	Full name of	contributor 🔲 o	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor a	address; City; S	state; Zip Code		. [		
	/						
					(If traval outside of	f Texas, complete Schedule T)	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See instructions)

Principal occupation / Job title (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**

#### SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Sol Food/Beverage Expense Tra Polling Expense Tra Printing Expense Off	aries/Wages/Contract Labor icitation/Fundraising Expense vel In District vel Out Of District ice Overhead/Rental Expense clains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	~ØDS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	14	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of th	sschedule) (b) Description	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sough	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	sschedule) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	sschedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	nt Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense O	ATEGORIES FOR BOX 8 alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel in District ravel Out Of District ffice Overhead/Rental Expense colains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expen Contributions/Donations Made By Candidate/Officeholder/Political Commi OTHER (enter a category not listed above	ttee
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission I	Filers)
4 Date	5 Payee name	<u> </u>		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF	(a) Category (See categories listed at the top of t	nis schedule) (b) Descript	tion (If travel outside of Texas, complete Schedule T)	
EXPENDITURE				
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 t	his schedule) Descrip	tion(If travel outside of Texas, complete Schedule T)ೢೣಁಁ {	JL10
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 the	nis schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political conditions intended		· • • • • • • • • • • • • • • • • • • •		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	his schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE	AS NEEDED	

#### SCHEDULE H

(TDD 1-800-735-2989)

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Food/Beverage Expense Consulting Expense Travel Out Of District Candidate/Officeholder/Political Committee Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address: City: State: Zip Code (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE 8 **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Źip Code Amount (\$) Business address: City; State; Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

			‡
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Ct Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor sising Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions (Contributions) Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee	
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT# (Ethics Commission Filers)	7
1 Total pages conceder.	assell Wggs		
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 (See instructions regarding type of information required.)	
	Boyco namo		1
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.) J니니인	12 10:16PM
Date "	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
PURPOSE OF			
EXPENDITURE		1.	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

INTERES REFUND	ST EARNED, OTHER CREDITS/GAINS DS, AND PURCHASE OF INVESTMENT	5/ FS	SCHEDULE <b>K</b>
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	lule K:
2 FILER NAME	Russell Wiggs	3 ACCOUNT # (Eth	ics 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		
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		
Date	Name of person from whom amount is received		Amount (\$)
	Purpose for which amount is received	<u> </u>	
Date	Name of person from whom amount is received		Amount (\$)
	Purpose for which amount is received		
L	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	·

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  •• Complete only if "Report Type" on page 1 is marked "Final Report"
1	VOH NAME  2 ACCOUNT # (Ethics Commission Filers)
3	IGNATURE
	to not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions make any campaign expenditures without a campaign treasurer appointment on file
	Signature of Candidate / Officeholder
4	ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••
	. CAMPAIGN FUNDS
	Check only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	. ASSETS
	Check only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
5	FFICEHOLDER Complete this section only if you are an officeholder ••
	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.
	Signature of Officeholder

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIG	N FINANCE REPORT	OOVER OHEET TO T
The C/OH Instruction G	uide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	· Date Received · · ·
	Cheek	JUL18 12 2:26PM
4 CANDIDATE/ OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  5403 TOE HEVYEVA	Date Hand-delivered or Date Postmarked
ADDRESS  Change of Address	E1 PASO TX 79924	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (915) 731-147	Receipt # Amount
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST MI	Date Processed  Date Imaged
NAME	NICKNAME CHECK	1
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, CITY; STATE;  5403 JOE HEYVEYA El PASO	21PCODE 79924
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (915) 731-147	JUL18 12 2:26PM
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sih day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 07 15	Year
11 ELECTION	Month Day Year ELECTION TYPE  05 09 2009 Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known of the control of	nd of Trustees
14 NOTICE · OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification</li> </ul>	the candidate's prior consent or approval. of the direct campaign expenditure.
BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		-
	GO TO PAGE 2	

#### CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

30110101	W 10171		
15 C/OH NAME	GEVAL	d Cheek	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	candidate / officebole	olice of political contributions accepted or political expenditures made been. These expenditures may have been made without the candidate's oeholders are required to report this information only if they receive noti	r officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
	,	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN INCASURER ADDITESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ &
		POLITICAL CONTRIBUTIONS THAN.PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ \$
	4. TOTAL	POLITICAL EXPENDITURES .	\$ \$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	s 679.17
OUTSTANDING LOAN TOTALS	6. TOTAL I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
19 AFFIDAVIT			perjury, that the accompanying report information required to be reported by
	YOLANDA ROSA Notary Public, State of T	exas Durchol Che	ele
La constitution of the second	My Commission Expire JULY 2, 2015		lidate or Officeholder
AFFIX NOTARY STAME Sworn to and subscrit	bed before me, by	the said Gerald Check	_, this the day
of July	0 12 , to ce	tify which, witness my hand and seal of office.	•
		Printed name of officer administering oath	Title of officer administering oath
Signature of officer ad	ministering oath		

		vs VI	4 (a+ +i	schedule A	,	
The Instruction	on Guide explains how to complete this form.					
2 FILER NAM		_	3 ACCOUNT# (Ethi	lcs Commission filers)	,	
The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to co						
	6 Contributor address; City; State; Zip Code					
				of Texas, complete Schedule T)	,	
<ol><li>Principal occu</li></ol>	pation / Job title (See Instructions)	10 Employer (See II	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:					
	Contributor address; City; State; Zip Code					
	tion ( Jab title (Coo Instructions)	Employer (See I		of Texas, complete Schedule T)		
Principal occu	upation / Job title (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	)				
	Contributor address; City; State; Zip Code				<i>;</i>	e N Appen
				of Texas, complete Schedule T)		
Principal occu	upation / Job title (See Instructions)	Employer (See !	nstructions)	N		
Date .	Full name of contributor out-of-state PAC (ID#:					
	Contributor address; City; State; Zip Code					
		•				
Principal occi	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule 1)		
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code					
			(If travel outside	of Texas, complete Schedule 1411	3 12	2:26
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)			
If	ATTACH ADDITIONAL COPII contributor is out-of-state PAC, please see ins	ES OF THIS FORM A truction guide forad	S NEEDED ditional reporting	requirements.		

Texas Ethics Commission

	rions		SCHEDULE B	
	N/A	CA+ this	Time)	
The Instruction Guide explains how to o	complete this form.	1 Total pages this Sch	1	
FILER NAME GEVALD	CHEEK	3 ACCOUNT# (Ethics 0	Commission filers)	
TOTAL OF UNITEMIZED PLE	EDGES: \$ \$ \$ \$	<b>a</b>	\$	
Date 6 Full name of pledgor	Out-of-state PAC (ID#:)	8 Amount of 9 pledge (\$)	In-kind description (if applicable)	
7 Pledgor address;	City; State; Zip Code			
	·		Texas, complete Schedule T)	
Principal occupation / Job title (See Instruction	ons) · 11 Employer (Se	e Instructions)		•
Date Full name of pledgor	out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;	City; State; Zip Code			
	·		Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (Se	e Instructions)	Makento, April, Chrystoph M.C. (2002) Or (2008) M.C. (2004) M.C. (	
Date Full name of pledgor	out-of-state PAC (ID#:	) Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;	City; State; Zip Code			
	,	. (If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructi	ions) Employer (So	ee Instructions)		
Date Full name of pledgor	oul-of-state PAC (ID#:	) Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;	City; State; Zip Code			
		(If travel outside of	F Texas, complete Schedule T)	
Principal occupation / Job title (See Instruct	tions) Employer (S	ee Instructions)		<u>.</u> .
Date Full name of pledgor	out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)	
. , ,	City; State; Zip Code			
		(if travel outside o	JUL 10:	12 2:2
Principal occupation / Job title (See Instruc	tions) Employer (S	See Instructions)		

LOANS		•		SCHEDULE E	
			N/A C	at this Time	)
The Instruction	Guide explains how to complete this	form.	1 Total pages Sche	edule E:	
		•	3 ACCOUNT # (Eli	nics Commission filers)	
FILER NAME	JERALD CHE	EK			
ТОТА	L OF UNITEMIZED LOANS:		라 다	\$	
Date of loan	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)	
is lender a	8 Lender address; City; State;	Zip Code		10 Interest rate	
financial Institution? Y N				11 Maturity date	
2 Principal occupatio	n / Job title (See Instructions)	13 Employer (See	nstructions)		
4 Description of Collat	eral				
5 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)	
nol applicable		Zip Code			
9 Principal Occupation		20 Employer		**	
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 occupatio	n / Job title (See Instructions)	Employer (See Instru	ctions)	<u> </u>	
Description of Colla	leral .				
GUARANTOR INFORMATION	Name of guarantor		-	Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State;	Zip Code		JULIE	12 2:2
Principal Occupation		Employer			
If lar	ATTACH ADDITIONAL	. COPIES OF THIS FORT	/I AS NEEDED itional reporting re	equirements.	

POLITIC	CAL EXPENDITURES			SCHEDUL	E <b>F</b>
		NIA CA	+ this	Time)	
The Instruct	ion Guide explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAME	GERALD CHEEK		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Payee name			7 Amount (\$)	
	6 Payee address; City; State; Zip Code				
				· · · · · · · · · · · · · · · · · · ·	
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if d Candidate / Officeholder	lirect expenditure t name		Office held
	e of Texas, complete Schedule T)			. Amount	MICHAEL MICHAEL
Date	Payee name	•		(\$)	
	Payee address; City; State; Zip Code			e.	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if d Candidate / Officeholder ·	lirect expenditure f name	to benefit C/OH •• Office sought	Office held
(If travel outside	e of Texas, complete Schedule T)				
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of pay required.)	ment (See instructions regarding type of information	·· Complete if of Candidate / Officeholder		to benefit C/OH ** Office sought	Office held
	ide of Texas, complete Schedule T)				
Date	Payee name			Amount . (\$)	
	Payee address; City; State; Zip Code				
Purpose of pay required.)	ment (See instructions regarding type of information	·· Complete if Candidate / Officeholder		to benefit C/OH Office sought	711118 12 2:2
i		I			1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

#### SCHEDULE G

The Instruc	tion Guide explains how to complete this form.	1 Total pages Sched	dule G:	1		
FILER NAM	E &	3 ACCOUNT # (EIN	ics Comm	ission filers)		
	GERALD CHEEK					
Date	5 Payee name		8	Amount (\$)		
	6 Payee address; City; State; Zip Code					
	7 Purpose of expenditure (See instructions regarding type of information re-	quired.)		Reimbursement from political		
	us a la delda et Tanas compuleto Cohodulo T)			contributions intended		
Date	(If travel outside of Texas, complete Schedule T)  Payee name			Amount		
Date				. (\$)		
	Payee address; City; State; Zip Code	,				
	Purpose of expenditure (See instructions regarding type of information re	quired.)		Reimbursement		
				from political contributions intended		
the state of the s	(If travel outside of Texas, complete Schedule T)		Amount			
Date	Payee name			(\$).		
	Payee address; City; State; Zip Code			•		
				to the second of the second of the second		**
	Purpose of expenditure (See instructions regarding type of information re	quired )		Reimbursement		
	Purpose of expenditure (See Instituctions regarding type of information re-	quirouty		from political contributions		
	(if travel outside of Texas, complete Schedule T)			intended >		
Date	Payee name			Amount . (\$)		
	Payee address; City; State; Zip Code					
	Description of information of inform	equired.)	-	Reimbursement		
	Purpose of expenditure (See instructions regarding type of information required.)			from political contributions		
	(If travel outside of Texas, complete Schedule T)			intended		
Date	Payee name			Amount (\$)		
	Payee address; City; State; Zip Code					
			,		_	
				O attaches are a f		
	Purpose of expenditure (See instructions regarding type of information re	equired.)		Reimbursement from political JULIQ contributions	12	217
_	(If travel outside of Texas, complete Schedule T)			intended	ļ ·	
			٠,	•		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(If travel outside of Texas, complete Schedule T)

----

		dule I;	ction Guide explains how to complete this form.	The Instru
	lers)	nics Commission filers)	TE GERALD CHEEK 3 ACCOUNT# (EIR	FILER NAM
	Amount (\$)	8 Amount	5 Payee name	Date
			6 Payee address; City; State; Zip Code	
			7 Purpose of expenditure (See instructions regarding type of information required.)	·
	Amount (\$)	Amount (%)	Payee name	Date
			Payee address; City; State; Zip Code	
			Purpose of expenditure (See instructions regarding type of information required.)	
	Amount (\$)	Amount (\$)	Payee name Payee address; City; State; Zip Code	Date
	. • • •	. ".	and the second s	
			Purpose of expenditure (See instructions regarding type of information required.)	
	Amount (\$)	Amount	Payee name	Date
			Payee address; City; State; Zip Code	
			Purpose of expenditure (See instructions regarding type of information required.)	
	Amount (\$)	Amount (\$)	. Payee name	Date
	• .		Payee address; City; State; Zip Code	
1	JUL10		Purpose of expenditure (See instructions regarding type of information required.)	

The Instru	ction Guide explains how to complete this form.	1 Total pages Sched	lule K:	
FILER NAN	GERALD CHEEK	3 ACCOUNT# (Ethi	cs Commission filers)	
Date	5. Payor name		8 Amount (\$)	
	6 Payor address; City; State; Zip Code			
	7 Reason for credit			
Date	Payor name .		Amount · (\$)	
•	Payor address; City; State; Zip Code	. , , , , , , , ,		
	Reason for credit			
Date	Payor name		Amount (\$)	
	Payor address; City; State; Zip Code			
•	The second secon		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Reason for credit			
•				
Date	Payor name		Amount (\$)	
	Payor address; City; State; Zip Code		•	
	. Reason for credit			
Date	Payor name		Amount · (\$)	
	Payor address; City; State; Zip Code		(Ψ)	
,	Reason for credit	. ,		JUL10 12 2:2
			-	

•	NTRIBUTION OR POLITICAL EXPENDITURE  SCHEDULE T  OUTSIDE OF TEXAS NA (Not Atthis Time)
The Instruction	Guide explains how to complete this form.  1 Total pages Schedule T:
2 FILER NAME	RALD CHEEK 3 ACCOUNT # (Ethics Commission filers)
	Corporation or Labor Organization / Pledgor / Payee
<u> </u>	edule A Schedule B Schedule C Schedule D Schedule F Schedule G
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 transportat	11 Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor /	orporation or Labor Organization / Pledgor / Payee
	re reported on:  edule A Schedule B Schedule C Schedule D Schedule F Schedule G  edule H Schedule N COH-UC COH-T PAC-C PAC-E
Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
a.	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 / Expendi	ure reported on: sedule A Schedule B Schedule C Schedule D Schedule F Schedule G
Sch	edule H Schedule N COH-UC COH-T PAC-C PAC-E
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 FORM AS NEEDED

#### (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission FORM C/OH - FR CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT The Instruction Guide explains how to complete this form. .. Complete only if "Report Type" on page 1 is marked "Final Report" .. 2 ACCOUNT # (Ethics Commission filers) Cheek SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. •• CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS B. Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER · Complete this section only if you are an officeholder · I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign JUL10 12 2128PM

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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

# FORM COR-C/OH

# CORRECTION AFFIDAVIT

	FOR CANI	DIDATE/OFFICEHOLDER	
		N/A (NOT A	+ this time)
ACCOUNT#		2 Total pages filed:	OFFICE USE ONLY
•			Date Received
.CANDIDATE / .		RST MI	
OFFICEHOLDER	JTE	RALD	
NAME	NICKNAME	AST SUFFIX	1
•	. (*)	nefk	
ORIGINAL	January 15	Other (specify)	Date Hand-delivered or Date Postmarked
REPORT	<u> </u>	TKUIOII	
TYPE	July 15	Exceeded \$500 limit	Receipt # Amount
•	30th day before election	15ih day after treasurer	
		appointment (officeholder only)	Legal Totals
	8th day before election	Final report	Date Processed
ORIGINAL	Month Day Year	. Month Day Year	
PERIOD . COVERED		THROUGH	Date Imaged
EXPLANATION OF CORI	RECTION .		
•		•	
•			
•	) ( )		
	en e		
	· · · · · · · · · · · · · · · · · · ·		
AFFIDAVIT		I swear, or affirm, under penalty	y of perjury, that this corrected
,	•	report is true and correct.	
		Check ONLY if applicable:	
:		I swear, or affirm, that I am fil	
	1	that the report as originally filed	day after the date I learned
• • • • • • • • • • • • • • • • • • • •	•	I swear, or affirm; that any erro	or or omission in the report as
•		originally filed was made in go	od faith.
: .			
			- 1
AFFIX NOTARY STAMF	' SEAL ABOVE	Signature of Candid	ate or Officeholder
Sworn to and subscr	ibed before me by	this the	day of
30 to	tify which, witness my h	and and seal of office	JUL10 12
20, to cer	my winch, whiles, inly it	and and soar or onioc.	30210 12
Signature of officer admir	nistering oath · Prin	nted name of officer administering oath	Title of officer administering oath
•			
•	<u> </u>		

## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

P.O. Box 12070

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5.** Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

JUL10 12 2:28PM

## CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

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

		the same and the s		
			1 ACCOUNT# (E	thics Commission filers)
T	he C/OH-UC Instruc	tion Guide explains how to complete this form.		•
	CANDIDATE /	MS/MRS/MR FIRST MI	OFFICE U	SE ONLY
	DFFICEHOLDER NAME		Date Received .	
	NAIVIE	NICKNAME LAST SUFFIX		
		NONAME		•
			•	
(	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	OFFICEHOLDER			
. 1	ADDRESS .		Date Hand-delivered o	r Date Postmarked
	•			
	Change of Address			
<u></u>			Receipt #	Amount
۲	REPORTTYPE	Annual Final Disposition	,	
_	PERIOD COVERED	Month Day Year Month Day Year	Date Processed	
. •	<del></del>	THROUGH		·
			Date Imaged	
-	TOTALS			
		TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF	\$	
		DEC. 31 OF THE PREVIOUS YEAR.	Ψ .	
		TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS	\$	•
		YEAR.	•• • • •	New York
	AFFIDAVIT			
•				· · · · ·
	•	I swear, or affirm, under penalty of p	erium that the a	ccompanying
	·			(0001116011) 1119
		report is true and correct and include	es all information	
		report is true and correct and include reported by me under Title 15, Electi		
		reported by me under Title 15, Electi	on Code.	
			on Code.	
		reported by me under Title 15, Electi	on Code.	
•		reported by me under Title 15, Electi	on Code.	
		reported by me under Title 15, Electi	on Code.	
	AFFIX NOTARY STAMP	reported by me under Title 15, Electi	on Code.	
•	AFFIX NOTARY STAMP	reported by me under Title 15, Electi	on Code.	
	AFFIX NOTARY STAMP	reported by me under Title 15, Electi	on Code.	
		reported by me under Title 15, Electi Signature of Candidate	on Code.	
	worn to and subscribe	reported by me under Title 15, Electi Signature of Candidate SEAL ABOVE	on Code.	required to be
	worn to and subscribe	reported by me under Title 15, Electi Signature of Candidate	on Code.	required to be
Sv	worn to and subscribe	reported by me under Title 15, Electi Signature of Candidate SEAL ABOVE	on Code.	required to be
	worn to and subscribe	reported by me under Title 15, Electi Signature of Candidate SEAL ABOVE	on Code.	required to be

#### AMENDMENT:

FORM ACTA

CANDIDATE MODIFIED REPORTING DECLARATION N/A (NOT At this Time) PG 2

CANDIDATE NAME	GERALD CHECK
14 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.
	•• This declaration must be filed no later than the 30th day before the first elec- tion to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only.  (An election cycle includes a primary election, a general election, and any related runoffs.)
	I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Date of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

JUL10 12 2:29PM