CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR. Joel LAST	MI F. SUFFIX	OFFICE USE ONLY Date Received January 8, 20 (3)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	DARRIOS ADDRESS / POBOX; APT / SUITE #; CITY; 10914 Yogi B.e.R.A EL PASO, TX 7993; AREA CODE PHONE NUMBER (915) 603-9453		Date Hand-delivered or Postmarked January 8, 3013 Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MR. WILFRED NICKNAME GARZA	MI R SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 4625 ROUND 16 EL PASO, TX	CITY; STATE; 200 K 79924	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (9,5) 821-0470	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 1/31/	Year (2012
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICEHELD (IFANY) EPISD Board of Trustee District 5	13 OFFICE SOUGHT (IFKNOWN)	ECEIVE
	GO TO PAG	E2	JAN 8 2013

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	seL F	BARRIOS	ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	e's or officeholder's knowledge or	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	N) ON		
_ ·		COMMITTE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL 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 POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL I	POLITICAL EXPENDITURES	\$ -0-	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ -0 -	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ _0_	
18 AFFIDAVIT				
	ELIZABETH CARF MY COMMISSION E September 5, 2	XPIRES I	mation required to be reported by	
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subsc	1	10	, this the	
day	of Januar	y, 20 <u>L</u> , to certify which, witness my h	and and seal of office.	
Signature of officer admini	UQNO() istering oath	Printed name of officer administering oath	CC. Assistant	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

			1	
т	he Instruction Guide explains how to complete th	is form.	1 Total pages So	chedule A:
2 FILER NAM	ME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-king contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See	Instructions	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	, /		
			(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
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 T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
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 T)
Principal occ	cupation / Jol/title (See Instructions)	Employer (See I	nstructions)	
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	I of Texas, complete Schedule T)
Frincipal occ	cupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
lf	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instr			requirements.

PLEDG	SED CONTRIBUTIONS			schedule B
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule B:
2 FILER NAME			3 ACCOUNT # (E	ithics Commission Filers)
4 TOT.	AL OF UNITEMIZED PLEDGES:	라 라 라	□ ⇒	\$
5 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		(If trave) outside o	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See In		· · · · · · · · · · · · · · · · · · ·
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
Principal occu	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	,	7	•	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
	/-		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgof out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	estructions)	
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	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.

r.				
Texas Ethics Commi	ssion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800 (TDD 1-800-735-2989)
LOANS			s	CHEDULE E
The	Instruction Guide explains how	to complete this form.	1 Total pages Sch	edule E:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 TOTA	L OF UNITEMIZED LOAN	S: \$\ \$\ \$\ \$\ \$\	⇒ ⇒ \$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:) 9 16	an Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code		terest rate
Y N			11 Ma	aturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instruc	ctions)	
14 Description of Col	ateral	15 Check if personal fund	s were deposited into pol	litical account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	19 Am	ount Guaranteed (\$)
not applicable	18 Guarantor address;	City; State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instruc	tions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loa	n Amount (\$)
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Inte	rest rate
Y N			Mat	turity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructi	ons)	
Description of Colla	nteral /	Check if personal funds	were deposited into polit	ical account
none				
GUARANTOR INFORMATION	Name of guarantor		Amo	ount Guaranteed (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

not applicable

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	 				
	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/0	Contract Labor	Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundr	aising Expense	Transportation Equipr	nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donatio	ns Made By older/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis Office Overhead/			gory not listed above)
1 000	The Instruction Guid		·	,	gory not listed above)
4 Total pages Schodule Er		- Capitalio IIoli to	Tompicto tino ton	··-	(Fibin 0inter Fiber)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
<u></u>	() 0 (0) (0) (0)		T =		/
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (i	f travel outside of Texas	omplete Schedule T)
EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder name	9	Office sought		Office held
expenditure to benefit C/O		_	O moc sought		Office field
-					
Date	Payee name				
			/		
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (II	travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE		\mathcal{S}	'		
	On all data (Official addanger	<u> </u>	0.55		
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; St	ate; Zip Code			
.,,		,			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	1	Office sought		Office held
expenditure to benefit C/O	H /				
Date	Payee name				
A	7 211 211 211	7. 0.1			
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description //f	travel outside of Texas, co	mplete Schedule T)
OF	= 3.030.) (500 Sategorios intes at the to	_ 5. uno 66.164dile)	2000 phon (ii		inploto concusio ()
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н		-		
/	ATTACH ADDITIONAL C	ODIES OF THIS S	SCHEDIII E AS AII	EDED	
	ALIACH ADDITIONAL C	OLIES OL 1119 S	DOUCDOLE NO NI	ニニハニハ	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

l			
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	ontract Labor Lo aising Expense Ti C trict Rental Expense O	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		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	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Date	Payee name		<i></i>
Date	Fayeename		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	<u></u>		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF) '		
EXPENDITURE	<u> </u>		
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 t	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 tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEF	EDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	·
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra		ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a category not listed above)
	The Instruction Guide		•	• • • • • • • • • • • • • • • • • • • •
4 Total magas Cabadula U.		- cxpianio now to	dompiete tino rom	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; St	ate; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (if	travel outside of Texas, complete Schedule T)
OF			' '	
EXPENDITURE	1.			
O Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/O			Office sought	Office field
expenditure to benefit C/C	11			
Date	Business name			
Date	Dusilless liaine			
			/	
Amount (\$)	Business address; City; Sta	ate; Zip Code		
	•			
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			, 	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If I	travel outside of Texas, complete Schedule T)
OF EXPENDITURE		/ Y	,	
EXI ENDITORE		\sim		
Complete ONLY if direct	Candidate / Officeholder name	'	Office sought	Office held
expenditure to benefit C/O	Н			
				
Date	Business name			
A (D)		. 7. 0 .		****
Amount (\$)	Business address; City; Sta	ite; Zip Code		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF		•	, ,	,
EXPENDITURE				
	de adiabata 1055 a da abdana ana		000	Office health
Complete ONLY if direct	andidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	1			
Date	Business name			
/				
Amount (\$)	Business address; City; Sta	te; Zip Code		
/ouni (#)/	business address, City, Sta	te, Zip Code		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
/ OF				
EXPENDITURE				
Complete ONIX If direct	Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh			Omoc sought	Office field
Superioritate to periorit O/OI				
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NE	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Advertising Expense Accounting/Banking Consulting Expense	Legal Services Solicitation/Fo Food/Beverage Expense Travel In Dis	es/Contract Labor Loan Repayment/Reimbursement undraising Expense Transportation Equipment & Related Expense trict Contributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out O Printing Expense Office Overhe	
F 662	The Instruction Guide explains how	
1 Total pages Schedule I:	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	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	i	
Data	Payee name	
Date	rayee name	
Amount (\$)	Device address: City: State: Zin Code	
Amount (w)	Payee address; City; State; Zip Code	
	ı	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF		V
EXPENDITURE		`
Date	Payee name	
Amount (\$)	Payee address; Cjty; State; Zip Code	
	· · · · · · · · · · · · · · · · · · ·	
	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
PURPOSE OF	Odlogory (oga valegorios inica at a.a. a. a. a. a. a. a. a.	bootiption (occinitional regulating type of mileting and in a factorial and in a factoria
EXPENDITURE		
<u> </u>		
Date	Payee name	
,		
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.)
/ OF		
EXPENDITURE		. '4
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

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

Texas Ethics Commission

SCHEDULE K

	The second secon	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NA	ME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Annount (\$)
	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 (\$)
	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 Address of person from whom amount is received; City; State; Zip	Amount (\$)
	Purpose for which amount is received	
<u>/</u>	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED

	ITRIBUTION OR POLITICAL EXPENDED OF TEXAS	ITURE SCHEDULE T
The Instruct	tion Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	-	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Co	orporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditur	re reported on:	
Sched	dule A Schedule B Schedule C Schedule I	D Schedule F Schedule G
Schedi	dule H Schedule N COH-UC COH-T	PAC-C PAC-E
6 Dates of travel 7	7 Name of person(s) traveling	
8	Departure city or name of departure location	
9	3 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, sen	njihar, or other event)
Name of Contributor / Corp	rporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure	reported on:	
Schedu	lule A Schedule B Schedule C Schedule E	D Schedule F Schedule G
Schedu	dule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
D	Departure city or name of departure ocation	
D	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semin	par, or other event)
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure	reported on:	
Schedu	ule A Schedule B Schedule C Schedule D	Schedule F Schedule G
Schedur		PAC-C PAC-E
Dates of travel N	Name of person(s) traveling	
De	Departure city or name of departure location	
De	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semina	ar, or other event)
/	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	The Instruction Guide explains how t •• Complete only if "Report Type" on page	
C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers
SIGN	IATURE	
report	ot expect any further political contributions or political expenditures in cor as a final report terminates my campaign treasurer appointment. I also use any campaign expenditures without a campaign treasurer appointmen	inderstand that I may not accept any campaign contributions
		/ Olgridiano S. Sarraidado, Sinestrisias
	R WHO IS NOT AN OFFICEHOLDER nplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ck only one:	
	I do not have unexpended contributions or unexpended interest or inc	come earned from political contributions.
	I have unexpended contributions or unexpended interest or income ea not convert unexpended political contributions or unexpended interest use. I also understand that I must file an annual report of unexpend contributions or unexpended interest or income earned on political report. Further, I understand that I must dispose of unexpended political on political contributions in accordance with the requirements of	t or income earned on political contributions to personal ed contributions and that I may not retain unexpended contributions longer than six years after filing this final tical contributions and unexpended interest or income
В.	ASSETS	
Chec	ck only one:	
	I do not retain assets purchased with political contributions or interest	t or other income from political contributions.
	I do retain assets purchased with political contributions or interest or oth I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with polytical code, § 254.204.	st or other income from political contributions to personal
		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 offi I am also aware that I will be required to file reports of unexpended of officeholder, I retain political contributions, interest or other income from contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as an
		Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Altredo	MI	OFFICE USE ONLY Date Received
	Fred Borreac	SUFFIX	January 16,2013
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIPCODE	Date Hand-delivered or Postmarked
change of address	EL MASO, TX 790	903	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 562-2629	EXTENSION	Date Processed /////// //// //// //// //// /// ///
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. Alfredo NICKNAME Fred Borrego	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; HODO Trombridge El Paro, TX	CITY; STATE;	ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 562-2620	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year (2012)
11 ELECTION	Month Cay Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (IF any) EI PAS Distri	13 OFFICE SOUGHT (if known) ASC 2+1	o ISD 16+3
	GOTO PAG	0/3 U	

www.ethics.state.tx.us

Revised 09/28/2011

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

GOI I OIKI	Q TOTAL		OOVER OHEEL TO E	
14 C/OH NAME A	Hredo "?	Fred Borrego	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN. 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		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	DAY \$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. September 5, 2015				
W. Salar		All Bang		
		Signature of Cano	didate or Officeholder	
AFFIX NOTARY STAMI	P/SEAL ABOVE			
Sworn to and subs		ne, by the said Afforda Borr	LSCO , this the	
16th day	1	ng, 20 13 , to certify which, witness m		
Signature of officer admir	(MUASO) histering oath	Printed name of officer administering oath	Title of officer administering oath	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER		MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received A, 4 (a proc.
	CASTANON-Will		9:46 pm. January 8,2013
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address	9009 BZ DORASO DR.	CZ PASO, TK. 792	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		
	SUARTE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIPCODE
	4615 BONSE	SZPASO TX	79983
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 560-7122	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 - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year // ≥
11 ELECTION	BLECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any) BO PASO IVI) EPOWES	073 OFFICE SOUGHT (Fknow	AFCEIVE TA
,	SEHOOL SISTRICT BOARS OF TRUSTEETS SISTRICT Z		3 2013 S 2013
	GOTOPAG		
vww.ethics.state.tx.us		sur	PERINTENDENT'S OFFICE
www.cunca.atate.tx.us		1	Revised 09/28/2011

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)
MARIA	SORA CA	STANON WILLIAMS	
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		
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DESCRIPTIONS	DAY \$ 3.7-82, 40
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MY COMMISSION EXPIRES September 5, 2015 Milliant Signature of Candidate or Officeholder			
AFFIX NOTARY STAMI		ne, by the said <u>Uaña Bela <i>(Ast</i>an</u>	on-Willian Shis the
xth	of Januar		
Signature of officer admir	Muaco histering oath	Printed name of officer administering oath	River Jest
<u> </u>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A:
2 FILER NAME	E		3 ACCOUNT # (E	Ethics Commission Filers)
mag	IA ISBLA CASTANONS-1	100000		
4 Date			7 Amount of	O In Island contribution
4 Date	5 Full name of contributor out-of-state PAC(ID#:)	contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		~ ~	1
			X^{γ}	1
	15/15			ĺ
	N/A		(if travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC(ID#:_)	Amount of	In-kind contribution
		,	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
				1
			(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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			!
				1
Deimain al				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				description (ii applicable)
	Contributor address; City; State; Zip Code			
			i	
	·		I I	
			/If traval outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		rexas, complete concude 1)
•	,	. , ,	•	
Data	Full name of contributor		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:)	contribution (\$)	description (if applicable)
			,,,	, , , , ,
	Contributor address; City; State; Zip Code			
			1	
			· !	
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		,
	ATTAOU ADDITIONAL OCCUSO	ETING CONTROLS	AO MERESES	
	ATTACH ADDITIONAL COPIES O	FIHIS SCHEDULE	49 NFFDFD	

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

PLEDGED CONTRIBUTION	IS		SCHEDULE B
The Instruction Guide explains how to	complete this form.	1 Total pages Sch	edule B:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
MARIA ISELA CASTANON	INNICIAMS		
4 TOTAL OF UNITEMIZED PLEDGES			\$
5 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; Sta	ate; Zip Code	//f travel outside (- of Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)	11 Employer (S	See Instructions)	il Texas, complete Conductor 1,
Date Full name of pledgor 🔲 out-of-	-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; Sta		· · · ;	
·		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (S	See Instructions)	
Date Full name of pledgor out-of-	-state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; Sta	te; Zip Code		
			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (S	see Instructions)	
Date Full name of pledgor uut-of-	state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; Star		"	CT Cabadula T)
Principal occupation / Job title (See Instructions)	Employer (S	(If travel outside of See Instructions)	f Texas, complete Schedule T)
Date Full name of pledgor out-of-	state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; Stat	te; Zip Code		,
		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (Se	ee Instructions)	
ATTACH ADDITIONA	AL COPIES OF THIS SCHEDUSE se see instruction guide for		requirements.

Tevas	Ethics	Commi	iccion
ıcxası	LLUICS	COILLIE	เออเบเ

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

LOANS				SCHEDULE E
The	e Instruction Guide explains how to comp	plete this form.	1 Total pa	ages Schedule E:
2 FILER NAME			3 ACCOL	JNT # (Ethics Commission Filers)
MARIA	ISEZA CASTANONI	WILLIAMS		T
TOTA	AL OF UNITEMIZED LOANS:	\$\phi\$ \$\phi\$<	⇨	\$ \$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N	N/A		1	11 Maturity date
12 Principal occupati	iion / Job title (See Instructions)	13 Employer (See Instructions)		<u> </u>
14 Description of Coll	lateral	15 Check if personal funds were	deposited	I into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	<u> </u>	
Date of Ioan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; 2	Zip Code		Interest rate
Y N			-	Maturity date
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited i	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	ES OF THIS SCHEDULE AS NEED uction guide for additional repo		uirements.

POLITICAL EXPENDITURES

SCHEDULE F

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

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

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains how to		HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME MARIA IS EZA (ASTANON M		3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name N/A		
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 tra	avel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		and a
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/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 trave	rel cutside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services

Consulting Expense Food/Beverage Expense Event 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)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	. 3 ACCOUNT # (Ethics Commission Filers)
	MARIA ISBLA CASTANON	WILLIAMS
4 Date	MARIA TSBLA GASTANON OF SPAyee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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	
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	SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead	/Rental Expense OTHER (en	ter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME	•	COUNT # (Ethics Commission Filers)
1	MARIA ISBEA CASTANON	WILLIAMS	
4 Date	5 Business name		
ļ	NIA		
6 Amount (\$)	7 Business address; City; State; Zip Code		
-		-	•
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
EXPENDITURE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		omes edugm	Childe Hold
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	rH	_	
Date	Business name		
-			
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF	, , , , , , , , , , , , , , , , , , , ,		
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
Date	Business name		
Date	Dudilless haille		
Amount (\$)	Business address; City; State; Zip Code		·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF		, (. ,,
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 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)

The Instruction Guide explains how to complete this form.

	The instruction data explains new to	complete this form;
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	MARIA ISBA CASTANONI	VILLIAMS
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	
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; 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	
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

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:	
2 FILER NAME		3 ACCOUNT # (Et	hics Commission Fi	lers)
l [—]		0 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
1/14	WA ISERA CASTANON WILLIAMS		·	
4 Date	5 Name of person from whom amount is received		8 Amou (\$)	int
	6 Address of person from whom amount is received; City; State; Zip Code		D	
	7 Purpose for which amount is received			
Date	Name of person from whom amount is received		Amou (\$)	nt .
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received .		I	
Date	Name of person from whom amount is received		Amour (\$)	nt
	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		Amour (\$)	nt
	Address of person from whom amount is received; City; State; Zip Code			į
	Purpose for which amount is received			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		i

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

•	RIBUTION OR POLITICAL OUTSIDE OF TEXAS	EXPEND	ITURE	SCHEDULE T
The Instruction	Guide explains how to complete this for	rm.	1 Total pages Schedul	e T:
2 FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
777	Description of Labor Organization / Pledgor / Paye			
A Name of Contributor / Corp.	oration of Labor Organization / Fledgor / Faye	e		
5 Contribution / Expenditure r	eported on:			
Schedule	A Schedule B Schedule C	Schedule	D Schedule F	Schedule G
Schedule	H Schedule N COH-UC	🗌 сон-т	PAC-C	PAC-E
6 Dates of travel 7	Name of person(s) traveling			•
8 0	eparture city or name of departure location			
9 0	estination city or name of destination location			
10 Means of transportation	11 Purpose of travel (including name	of conference, se	minar, or other event)	
Name of Contributor / Corpor	ation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure rep	ported on:			
Schedule	A Schedule B Schedule C	Schedule	D Schedule F	Schedule G
Schedule	H Schedule N COH-UC	Сон-т	PAC-C	PAC-E
Dates of travel Nar	me of person(s) traveling			
Dep	arture city or name of departure location			
Des	tination city or name of destination location			
Means of transportation	Purpose of travel (including name of	conference, semir	nar, or other event)	
Name of Contributor / Corpor	ation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure rep	ported on:			
Schedule	A Schedule B Schedule C	Schedule I	Schedule F	Schedule G
Schedule	H Schedule N COH-UC	сон-т	PAC-C	PAC-E
Dates of travel Nan	ne of person(s) traveling			
Dep	arture city or name of departure location			
Dest	ination city or name of destination location			
Means of transportation	Purpose of travel (including name of	conference, semir	nar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH I	NAME .	2 ACCOUNT # (Ethics Commission Filers)					
3	SIGN	IATURE						
	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							
4		R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder.	•					
	A.	CAMPAIGN FUNDS						
	Chec	ck only one:	and from a little language.					
		I do not have unexpended contributións or unexpended interest or income ea	med from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from not convert unexpended political contributions or unexpended interest or income. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political correarned on political contributions in accordance with the requirements of Election	me earned on political contributions to personal ributions and that I may not retain unexpended tions longer than six years after filing this final antibutions and unexpended interest or income					
	B.	ASSETS						
	Chec	ck only one:						
		I do not retain assets purchased with political contributions or interest or othe	r income from political contributions.					
		I do retain assets purchased with political contributions or interest or other incor I may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political confection Code, § 254.204.	er income from political contributions to personal					
			Signature of Candidate					
5		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 officeholde I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ons if, after filing the last required report as an					
			Signature of Officeholder					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST AVA NICKNAME LAST LAST	Suffix	OFFICE USE ONLY Date Received January 17,303
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	56 Dun Point h	state; zipcode ane 912	12:03 0.m Date Hand-delivered or Postmarked 11(7) 2013 Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 584 539	EXTENSION S	Date Processed
6 CAMPAIGN TREASURER NAME	Mrs Debrer NICKNAME LAST EDGER	MI SUFFIX	Date Imaged 111712013
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#; 6/02 Pinehur E/PASOTX 199		ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 587 - 527	EXTENSION .	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year OG/30/12 THROUGH	Month Day 81 / 15 /	Year つ013
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary	Runoff	Seneral Special
12 OFFICE	officeheld (frank) School Boand Trustee	13 OFFICE SOUCHT (IFK) OVA	CEIVE D
	GO TO PAG		
www.ethics.state.tx.us	-	SUPERIN	ITENDENT'S QFFGE

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME IT Y A David Mod Ge 15 ACCOUNT # (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			
	SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 9				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. September 5, 2016 Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Ira Dand Dodge, this the					
17th day of January, 20 13, to certify which, witness my hand and seal of office.					
Signature) of officer administering oath Printed name of officer administering oath Title of officer administering oath					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	S	(512)403-5800	SCHEDULE A	
		1 Total pages Sch	edule A:	
The Instruction Guide explains how to complete this fo	orm.	,	one	
2 FILER NAME ITA David Dod	50	3 ACCOUNT # (E	thics Commission Filers)	
4 Date 5 Full name of contributorout-of-state PAC(ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code		(15 (2000))		
9 Principal occupation / Job title (See Instructions)	0 Employer (See Ir	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
9 Principal occupation / 300 title (See instructions)	C Employer (Sec 11			
Date Full name of contributor out-of-state PAC(D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
			of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See In	structions)		
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 occupation / Job title (See Instructions)	Employer (See In	structions)		
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		 		
Principal occupation / Jøb title (See Instructions)	Employer (See In:		f Texas, complete Schedule T)	
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	f Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See In			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

PLEDO	SCHEDULE B			
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Scho	edule B:
2 FILER NAME	IrA David Do	rdge	3 ACCOUNT # (E	thics Commission Filers)
4 TOT	ALOF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	⇒ ⇒	\$
5 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		(If travel outside o	of Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See I	<u> </u>	revas, complete contentie 17
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			, , , , , , , , , , , , , , , , , , ,
			•	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	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	<i>/</i>		
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	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		 	
			<u>. </u>	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full pame of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge· (\$)	In-kind description (if applicable)
Dela alas		Employer (O 1)		f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	istructions)	
· If o	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

V

EVDENDITLIDES

P.O. Box 12070

SCHEDIII E E

POLITICAL	EXPENDITURES		SCHEDULE I
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Disprinting Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Localising Expense Trace Constrict Rental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME 1 Va David 5 Pavee name	bolge	3 ACCOUNT # (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/O	(a) Category (See categories listed at the top of this schedule) Candidate / Officeholder name	(b) Description (If tr	avel outside of Texas, complete Schedule T) 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 tra	avel outside of Texas, complete Schedule T)
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 tra	avel outside of Texas, complete Schedule T)
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 tra	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to be defit C/C	Candidate / Officeholder name OH	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundor Food/Beverage Expense Travel In District Polling Expense Travel Out Of Disprinting Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME ra David	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	
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 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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITURE CAT				
	Advertising Expense	· · · · · · · · · · · · · · · · · · ·	ries/Wages/Co		Loan Repayment/Reir	
	Accounting/Banking	•	itation/Fundral	ising Expense		ent & Related Expense
	Consulting Expense		el In District el Out Of Dist	riot	Contributions/Donation	ns Made By older/Political Committee
	Event Expense Fees	• .		ental Expense	OTHER (enter a categ	
	1 000			•	,	jory not listed above)
_		The Instruction Guide expla	ains now to t	complete this to		·-··
1	Total pages Schedule H:	2 FILER NAME	1-0	Í	3 ACCOUNT #	(Ethics Commission Filers)
	One	Lra David	1 100	rdge		/
4	Date	5 Business name		,	•	
_	Α	= During and discount of the Chales	7:- O- d-			
b	Amount (\$)	7 Business address; City; State;	Zip Code			
						/
						/
				12. 2		
8		(a) Category (See categories listed at the top of this	schedule)	(b) Description	(If travel outside of Texas, co	omplete Schedule T)
	OF EXPENDITURE					/
9	Complete ONLY if direct	Candidate / Officeholder name		Office sough	t /	Office held
	expenditure to benefit C/O	н				
	Date	Business name				
	Date	business name				
	Amount (\$)	Business address; City; State; 2	Zip Code			
				/		
	PURPOSE	Category (See categories listed at the top of this	chedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
	OF					
	EXPENDITURE					
	Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
	expenditure to benefit C/O	Н				
				<u> </u>		
	Date	Business name				
	Amount (\$)	Business address; City; State; Z	ip Code			
	(,,		7			
_	PURPOSE	Category (See categories listed at the top of this s	chedule)	Description (If travel outside of Texas, co	mplete Schedule T)
	OF	dategory (coo categorise notes at any op or any o		2000. pt.orr		inplote deliberato 17
	EXPENDITURE					
	O	Candidate / Officeholder name		Office sought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	/		Cinco dought		5.1100 11010
	- oxponditure to bonent ore					
	Date	Business name				
_	A (0)					
	Amount (\$)	Business address; City; State; Z	ip Code			
				<u>-</u>		
	PURPOSE	Category (See categories listed at the top of this s	chedule)	Description (if travel outside of Texas, co	mplete Schedule T)
	OF EXPENDITURE					
	EVLENDIIOKE	/				
	Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
	expenditure to benefit C/OI	1				
		ATTACH ADDITIONAL CODITION	OF THE O	CHEDII E AC I	IEEDED	
		ATTACH ADDITIONAL COPIES	OF 1 1115 5	CUEDOFE 42 V	IEENEN	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 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)

The Instruction Guide explains how to complete this form.

L				
1 Total pages Schedule I:	2 FILER NAME A CCOUNT # (Ethics Commission Filers) A 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			
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; 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 pame			
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 SCHEDULE AS NEEDED				

SCHEDULE K

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	Fra 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	
	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 (\$)
	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 (\$)
	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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS						
The Instr	uction Guid	le explains how to	complete this fo	rm.	1 Total pages Schedul	
2 FILER NAME	$(a \ D)$	avid t	ods.		3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor			tion / Pledgor / Paye	ee		/
5 Contribution / Expend	diture reporte	ed on:				
☐ Sci	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Sonedule G
☐ Sci	hedule H	Schedule N	□ сон-ис	сон-т	PAC-C	PAC-E
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling					
	8 Departi	ure city or name of o	departure location			
	9 Destina	ition city or name of	destination location			
10 Means of transportat	ion	11 Purpose of tra	avel (including name	of conference, ser	minar, or other event)	
Name of Contributor /	Corporation	or Labor Organizatio	on / Pledgor / Payee			
Name of Continuator 7	Corporation	or Labor Organizati	on / r loagor / r ayou			
Contribution / Expendit	ure reported	on:	L. WYPT			
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sci	hedule H	Schedule N	COH-UC	□ сон-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of dep	parture location			
	Destinatio	n city or name of de	estination location			
Means of transportation	ח	Purpose of trave	el (including name of	conference, semir	nar, or other event)	
Name of Contributor / (Corporation (or Labor Organization	on / Pledgor / Payee			
Contribution / Expendit	ture reported	on:				
Sch	nedule A	Schedule B	Schedule C	Schedule I	Schedule F	Schedule G
Sch	nedule H	Chedule N	сон-ис	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure	city or name of dep	arture location			
	Destination	n city or name of de	stination location			·····
Means of transportation		Purpose of trave	I (including name of	conference, semir	nar, or other event)	
	·		. Carrier Sainty Control		,	
	A	TTACH ADDITION	NAL COPIES OF T	HIS SCHEDULE	AS NEEDED	

(TDD 1-800-735-2989)

3:55PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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	jussell "	Date Received
	NICKNAME LAST SUFFIX	
	W1995	JAN 8 13
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
OFFICEHOLDER	Comment the same / succession	
MAILING	9004 Virgo Lane	Date Hand-delivered or Postmarked
ADDRESS	E18aso TX 79904	
change of address		Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	
OFFICEHOLDER		Date Processed
PHONE	(915) 757-0798	
	MS/MRS/MR FIRST MI	Date Imaged
6 CAMPAIGN		-
TREASURER NAME	Kodwey	
147 (147	NICKNAME LAST SUFFIX	·
	Wiggs	
- 0445404	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER	one in the state of the state o	
ADDRESS	3220 Sands	
(residence or business)	El Paso R	79904
		(10)
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER		
PHONE	(95) 755-0286	
9 REPORT TYPE	lanuary 15 30th day before election Runoff	15th day after campaign
	January 15 30th day before election Runoff	treasurer appointment (officeholderonly)
	Univ 15 8th day before election Exceeded \$500	Final report (Attach C/OH - FR)
	July 15 Sth day before election Exceeded \$500 limit	- Hair report (Maon Gott-11)
10 PERIOD	Month Day Year Month Day	Year
COVERED	Wilder Day 10th	1
- "	7/1/2012 THROUGH $12/31/$	0012
,		
	ELECTION TYPE	
11 ELECTION	ELECTION DATE	r—
	Primary Runoff	General Special
	5/11/2009 — — — — — — — — — — — — — — — — — —	
		"we shall
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	
011102	Board of Trustees	
	130000 UNICO	
	District 4 EPISD	
	·	
		IMAR O 2007
	GOTO PAGE 2	JAN 8 793
	GO TO PAGE 2	
	L	

www.ethics.state.tx.us

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Cussell	Wygs	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 CANDID. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	701.6.17.7.17
	GENERAL SPECIFIC	COMMITTEE ADDRESS	JAN 8 13 3:50
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 490,00°
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	* &
18 AFFIDAVIT MY C	LISA JANE RAY OMMISSION EXPIRES August 9, 2016	is true and correct and includes all in me under Title 15, Election Code.	nerjury, that the accompanying report information required to be reported by 7- Wyddate or Officeholder
AFFIX NOTARY STAN		me, by the said Russell L U	1995 this the
_	\sim	me, by the said, to certify which, witness my	
Signature of officer adm	W COLY inistering path	Printed name of officer administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The G/OH instruction Guide explains how to complete this form. ACCOUNTS (Etimos Commission Sees) 2 Total pages filed:				
OFFICENDLDER NAME CANDIDATE / OFFICENDLDER MAILING ADDRESS CHORGE Address CANDIDATE / OFFICENDLDER MAILING ADDRESS CANDIDATE / OFFICENDLDER MAILING ADDRESS CANDIDATE / OFFICENDLDER PHONE CANDIDATE / OFFICENDLDER PHONE AREA CODE PIONE NAME RECIPION TERASURER NAME TREASURER T	The C/OH Instruction C	Guide explains how to complete this form.		2 Total pages filed:
4. CANDIDATE / OFFICEHOLDER APT / SUITE #; OTTO: STATE: 2IP CODE OFFICEHOLDER AARLING ADDRESS / PE BOX. APT / SUITE #; OTTO: STATE: 2IP CODE OFFICEHOLDER AARLING ADDRESS / PE BOX. APT / SUITE #; OTTO: STATE: 2IP CODE OFFICEHOLDER AARLING ADDRESS / PE BOX. APT / SUITE #; OTTO: STATE: 2IP CODE OFFICEHOLDER AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER OFFICEHOLDER AREA CODE PHONE NUMBER AREA CODE PHONE AREA CODE PHONE NUMBER AREA CODE PHONE AREA CODE PHONE NUMBER AREA CODE PHONE SUMBER AREA CODE PHONE SUMBER AREA CODE AREA CODE PHONE SUMBER AREA CODE PHONE SUMBER AREA CODE PHONE AREA CODE PHONE SUMBER AREA CODE AREA CODE AREA CODE	OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
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SCAMPAIGN TREASURER NAME CAMPAIGN TREASURER NAME CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (Residence of business) TREASURER ADDRESS (Residence of business (Residence of business) TREASURER ADDRESS (Residence of business (Residence of		FI Paso +x 799:	2 4 .	
6 CAMPAIGN TREASURER NAME MS / NRS (MR) C PIRST LAST CAMPAIGN TREASURER ADDRESS (NO PO BOX FLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (No PO BOX FLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (No PO BOX FLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER PHONE 9 REPORT TYPE January 15 John day before election Runoff Extension Final report (Allach C/OH - FR) 10 PERIOD COVERED Month Day Year THROUGH THROUGH Primary Runoff General Special 12 OFFICE OFFICE HELD (if any) THROUGH Name Primary Runoff Address / PO Box; Apt. / Suite #; City; State; Zip Code GO TO PAGE 2 GO TO PAGE 2	OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	
NAME NICKVAME NICKVAM	^	MS/MRS MR FIRST	MI .	ì
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Address / PO Box; Apt. / Sulte #: City; State; Zip Code GO TO PAGE 2	EXPENDITURE	Name	1	
GO TO PAGE 2				
GO TO PAGE 2		Address / PO Box; Apt. / Suite #; City; State; Z	Zip Code	
GO TO PAGE 2				17N 0 2013
			PAGE 2	Jrii V
				NTENDENT'S OFFICE Revised 06/27/2008

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	rerald	Check	6 ACCOUNT # (Ethics Commission Filers)
.17 NOTICE FROM POLITICAL	candidate / officehold	olice of political contributions accepted or political expenditures made by der. These expenditures may have been made without the candidate's or seholders are required to report this information only if they receive notice	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	
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL 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 F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ -
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 679.17
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH BY OF THE REPORTING PERIOD	\$
	AINE RODRIGUEZ OMMISSION EXPIR AUG. 28, 2013	is true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
AFFIX NOTARY STAMP		Y as cont	, this the BHL day
of the ward, 20		lify which, witness my hand and seal of office.	Vatary
Signature of officer add	ministering gath		e of officer administering oath

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	vs VIV	(at-this-	schedule A	
	The Instructi	on Guide explains how to complete this form.	N _B	1 Total pages Schedule A:		
2	FILER NAM	E Gerald Chelk		3 ACCOUNT# (EIF	nics Commission filers)	
4	Date	5 Full name of contributor Oul-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	•	6 Contributor address; City; State; Zip Code			 	
				(If travel outside o	 of Texas, complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
14902041	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
•		Contributor address; City; State; Zip Code			 	
					of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	4	Contributor address; City; State; Zip Code		ţ		
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	Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)	
water, later						
	Date .	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code				
				ere turning a contact de la	 of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I		1 Texas, complete ochedule 1)	
				A manual of	In-kind contribution	
•	Date	Full name of contributor		Amount of contribution (\$)	description (if applicable)	
		Contributor address; City; State; Zip Code				
	· · · · · · · · ·	Survey Systems Suspension			<u> </u>	
					of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	If c	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instr	S OF THIS FORM AS	NEEDED litional reporting	requirements.	

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
·		NIA (Of this -	time)
The instruct	tion Guide explains how to complete this form.		1 Total pages this S	chedule B:
2 FILER NAM	Ejerald Cheek		3 ACCOUNT # (Ethi	ics Commission filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	D D D	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		g Amount of pledge (\$)	 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
	·			I of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 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)
	pation / Job title (See Instruc-	Employer (See	<u> </u>	
tions) .				THE REPORT OF THE PROPERTY OF
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Dringing agou	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Jub title (Gee 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			
	·			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		•	
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Principal occu	pation / Job title (See Instructions)	Employer (See		or reveal positions consider 1)
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Texas Ethics Com	mission P.O. Box 12070 Aust	in, Texas 78711-2070	(512) 463	-5800 1-800-325-8506
LOANS				SCHEDULE E
		· .	+ 40) Alla	mis time)
The Instruction	Guide explains how to complete this f	orm.	1 Total pages Scho	edule E:
2 FILER NAME			3 ACCOUNT # (EI	nics Commission filers)
2 FILER NAME	Gerald Chelk			
4 TOTA	L OF UNITEMIZED LOANS:		⇔ ⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See in	structions)	
14 Description of Collat	oral			
none	. ·			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable		Zip Code	, , , , , , , , ,	
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	oul-of-stale 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 Instruct	iions)	
Description of Collat	eral .			
GUARANTOR INFORMATION	Name of guarantor		31172	Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer .		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICA	POLITICAL EXPENDITURES				JLE F
		N	1A (Q	tzintt	ine)
The Instruction	Guide explains how to complete this form.		1 Total pages	s Schedule F:	
2 FILER NAME	Gerald Cheek		3 ACCOUNT	# (Ethics Commission fi	lers)
4 Date 5	Payee name			7 Amou (\$)	nt
6	Payee address; City; State; Zip Code	· 			
8 Purpose of payment required.)	t (See instructions regarding type of information	9 ·· Complete if di Candidate / Officeholder r	•	to benefit C/OH Office sought	Office held
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Date	Payee name			. Amou (\$)	nt
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Date	Payee name			Amou (\$)	nt
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Date	Payee name			Amou	nt
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	Payee address; City; State; Zip Code				
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Purpose of payment required.)	(See instructions regarding type of information	•• Complete if di Candidate / Officeholder r	rect expenditure name	to benefit C/OH •• Office sought	Office held
(If travel outside of T	exas, complete Schedule T)				11210212-2
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITI	CAL EXPENDITURES		SC	CHEDULE G
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		40M ALL	to 1	My FOME
		1 Total pages Sched	dule G:	4
The Instruc	tion Guide explains how to complete this form.	,		ì
2 FILER NAM	F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 ACCOUNT # (Eth	ics Comm	ission filers) ·
2 11221014/11/11	- (-norald Choek			
	CAMAN ONCOR		8	Amount
4 Date	5 Payee name		0	(\$)
	6 Payee address; City; State; Zip Code			
	7 Purpose of expenditure (See instructions regarding type of information require	ed.)		Reimbursement from political
	West and the set Town and the Colorada Th			contributions intended
	(If travel outside of Texas, complete Schedule T)			Amount
Date	Payee name			. (\$) .
	Payee address; City; State; Zip Code			
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	Purpose of expenditure (See instructions regarding type of information require	ea.)		from political contributions
	(If travel outside of Texas, complete Schedule T)			intended
Date	Payee name			Amount
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	Payee address; City; State; Zip Code			
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	Purpose of expenditure (See instructions regarding type of information require	ed.)		Reimbursement from political
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	Purpose of expenditure (See instructions regarding type of information requi	(red)		Reimbursement
	Purpose of expenditure (See Instructions regarding type of information requi	red.)	L	from political contributions
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Date	Payee name .		•	(\$)
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	Purpose of expenditure (See instructions regarding type of information requir	ed.)		Reimbursement
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i	ENT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS	SCHEDULE H
		NIAINOTO	(IMT SWYE
The Instruc	tion Guide explains how to complete this form.	1 Total pages Sc	chedule H:
2 FILER NAM	E Gerald Cheek	3 ACCOUNT#(Ethics Commission filers)
4 Date	5 Business name		7 Amount (\$)
	6 Business address; City; State; Zip Code		
-,	·		
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 •• Complete if direct expenditur Candidate / Officeholder name	re to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)		
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1-800-325-8506

Austin, Texas 78711-2070

(512) 463-5800

NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS Total pages Schedule I: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount Date (\$) 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) Amount Payee name Date (\$) City; State; Zip Code Payee address: Purpose of expenditure (See instructions regarding type of information required.) Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Amount Date Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Amount Date Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Comm	ission	P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
IN KIND CC	MTRIR	UTION OR	POLITICAL	EXPEND	ITURE	oournur T
1		SIDE OF TE		11.		SCHEDULE T
				NA INO		
The Instruction	Guide exp	lains how to comp	lete this form.	·	1 Total pages Schedule T:	,
2 FILER NAME	701001	d Manal			3 ACCOUNT # (Ethles C	Commission filers)
	121 am	C VIII	- / Distance / David			
4 Name of Contributor	/ Corporation	i or Labor Organizati	on / Pleagor / Payee			
5 Contribution / Expend	diture reporte	ed on:				
	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
	hedule H	Schedule N	— □ сон-ис	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name	of person(s) traveling				
Dates of travel						
	8 Depart	ure city or name of de	eparture location			-
	9 Destina	ition city or name of	destination location			
		•				
10 Means of transporta	tion	11 Purpose of trav	vel (including name o	f conference, se	minar, or other event)	
his are a 6 O and allowing	Oi	ar Lobor Organization	- / Pladear / Payes			
Name of Contributor /	Corporation	or Labor Organizatio	7 Pledgor / Payee			
Contribution / Expendi	ture reported	on:				
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Dates of travel	Name of	person(s) traveling	190 10	. 40	and the second second	
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Means of transportation	l 1	Purpose of travel	(including name of c	onference, semi	nar, or other event)	
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Name of Contributor /	Corporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendi	ture reported	on:				
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	Destination	n city or name of des	tination location			
Means of transportation	າ	Purpose of travel	(including name of co	onference, semi	nar, or other event)	
		ATTACH ADDITIO	NAL COPIES OF 1	HIS FORM AS	NEEDED	

political contributions.

1-800-325-8506 Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 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) 1 C/OH NAME 3 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 Α. 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 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 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

Signature of Officeholder

FORM COR-C/OH

CORRECTION AFFIDAVIT

FOR CANDIDATE/OFFICEHOLDER
NILA (NIA+ A+ This time)
1 ACCOUNT# 2 Total pages filed: OFFICE USE ONLY
Date Received
3 CANDIDATE / MS / MRS / MR
OFFICEHOLDER NAME
NICKNAME CHAST SUFFIX
4 ORIGINAL January 15 Runoff Other (specify) Date Hand-delivered or Date Postmarked
TYPE July 15 Exceeded \$500 limit
Receipt # Amount 30th day before election 15th day after treasurer
appointment (officeholder only) Legal Totals Bith day before election Final report
Date Processed
PERIOD / THROUGH / Date Imaged
6 EXPLANATION OF CORRECTION
- LATE DATA TION OF CORRECTION
7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected
report is true and correct.
Check ONLY if applicable:
I swear, or affirm, that I am filing this corrected report not
later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete.
I swear, or affirm, that any error or omission in the report as
originally filed was made in good faith.
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder
Sworn to and subscribed before me by this the day of
20, to certify which, witness my hand and seal of office.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
Remember To Attach Any Part Of The Campaign Finance Report Form

Needed To Report And Explain Corrections

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.

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC COVER SHEET PG 1

					·	·	
	The C/OH-UC Instru	ction Guide expl	ains how to complet	e this form.		1 ACCOUNT # (E	thics Commission filers)
٠	•	•					
2	CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		Mí	OFFICE	ISE ONLY
	NAME					Date Received .	
		NICKNAME	LAST		SUFFIX .		
	:			• • •			
3	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE		•
	OFFICEHOLDER ADDRESS			•	•		
•						Date Hand-delivered o	r Date Postmarked
	Change of Address				•		
			· · · · · · · · · · · · · · · · · · ·			Bassist #	Amount
4	REPORTTYPE,	Annual	Final Di	sposition	:.	Receipt #	Amount
5	PERIOD COVERED	Month Day	Year	Month Day	Year	Date Processed	<u></u>
			THROUGH			Date Imaged	
6	TOTALS	<u> </u>]	
J	101/120		OUNT OF UNEXPENDED P F THE PREVIOUS YEAR.	OLITICAL CONTRIBUTI	ONS AS OF	\$ \	
٠.							
		2. TOTAL AN	MOUNT OF INTEREST AN DED POLITICAL CONTRIB	D OTHER INCOME EA	RNED ON	\$	
		YEAR.	DED POLITICAL CONTRIB	THORS BORING THE	TREVIOUS .		
7	AFFIDAVIT				,		
	· ·			•	•		<i>→</i> .
	•			ar, or affirm, under			
•		. •		rt is true and correc rted by me under Ti			required to be
				nted by the drider to			
	:	•		• • •			
			·				٠.
		•	• ,	Signatu	re of Candidat	e or Officeholder	
		•		ч	;		
				. •	•	•	
	AFFIX NOTARY STAMP	/ SEAL ABOVE					•
	ALLIX ROTART OTAMIC /	· SEAL ADOVE					
					,		, •
S	Sworn to and subscribe	ed before me, by t	he said	· · .		, this the	day
c	of, 20	, to cert	ify which, witness my	nand and seal of of	fice.		
							•
		ege e e					
_							- i - a - a - b
1	Signature of officer adr	ninistering oath	Printed name of o	fficer administering oa	tn Titi	e of officer administ	ering oath

Austin, Texas 78711-2070

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS FORM C/OH-UC PG 2 **EXPENDITURES** 9 ACCOUNT #(Ethics Commission filers) 8 C/OHNAME Amount 10 Payee name Date (\$) City; State; Zip Code Payee address: .12 14 Purpose of expenditure Is expenditure a contribution to a candidate, officeholder, or political committee? No (If travel outside of Texas, complete Schedule T) (See Instruction Guide) Amount Pavee name Date (\$) City; State; Zip Code Purpose of expenditure ls expenditure a contribution to a candidate, officeholder, or political committee? No (If travel outside of Texas, complete Schedule T) (See Instruction Guide) Amount Date Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure ls expenditure a contribution Yes to a candidate, officeholder, or No political committee? (If travel outside of Texas, complete Schedule T) (See Instruction Guide) Ámount Date Payee name (\$). City; State; Zip Code Pavee address: Purpose of expenditure is expenditure a contribution to a candidate, officeholder, or Yes political committee? (If travel outside of Texas, complete Schedule T) (See Instruction Guide) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

FORM ACTA

PG 1

AMENDMENT: APPOINTMENT OF A

CAMPAIGN TREASURER BY A CANDIDATE

1 CANDIDATE NAME				2 ACCC	OUNT#	ELECTRICAL PROPERTY.	3 Total pages filed:
See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed.							
4	NEW	MS / MRS / MR	FIRST			МІ	OFFICE USE ONLY
CANDIDATE NAME					•	I	Date Received
I W M.V. Sam		NICKNAME	LAST			SUFFIX	Date Accessed
							1
5	NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1
CANDIDATE MAILING		•				- 1	1
ADDRESS						į	Date Hand-delivered or Date Postmarked
							Date Hatiu-united of Sate (Section 2011)
6 CANDIDATE	NEW	AREA CODE	PHONE NUMBER		EXTENSION	N	
CANDIDATE PHONE		(')				!	Date Processed
7	NEW						Total Incomed
OFFICE HELD (If any)		· · ·					Date Imaged
8	NEW		•				
OFFICE SOUGHT (If known)					-		,
9	NEW	MS / MRS / MR	FIRST I	MI :	NICKNAME	Ξ	LAST SUFFIX
CAMPAIGN							
TREASURER NAME							
10	NEW	STREET ADDRESS (NO) PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
CAMPAIGN		•					-
TREASURER STREET							
ADDRESS (Residence or business)							
(Residence of Eddingson,	1	•	-				
	 		PHONE NUMBER		EXTENSION	141	
11 CAMPAIGN TREASURER	NEW	AREA CODE	PHONE NUMBER		EATER	١.	
PHONE							
12 CANDIDATE SIGNATURE	l am	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.					
l	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						reauired by title 15 of
·							
,							
	Signature of Candidate Date Signed					Date Signed	
	GO TO PAGE 2						

AMENDMENT:

FORM ACTA

CANDIDATE MODIFIED REPORTING DECLARATION

P.O. Box 12070

PG 2

CANDIDATE NAME	
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.