CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | COVER SHEET PG 1 |
|---|--|--|--|
| The C/OH Instruction | Guide explains now to complete this form. | 1 Filer ID (Earles Commission Filers) | 2 Total pages filed: |
| GANDIDATE/ OFFICEHOLDER NAME | MS! MRS MA FIRST FRANKLIN | **! | OFFICE USE ONLY |
| I - J - W. C. | NICKNAME LAST | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CI | TY: STATE; ZIP CODE | RECEIVE |
| Change of Address | 3904 MILES RE | 75048 | Py: Lovey L. Hou |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (214) 912 | 10:11:NSION 8367 | D∋te Hand-delivered or Date Rost |
| S CAMPAIGN TREASURER NAME | MS/MRS (M.) FIRST FRANKLIN | <u> </u> | Receipt # Amount # |
| | MILLSAR | SUFFIX | Date Imaged |
| CAMPAIGN TREASURER ADDRESS (Recidence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / BUIT | TE#; CHTC; STATE; | ZIP CODE 750248 |
| CAMPAIGN TREASURER PHONE | (214) 912 8367 | EXTENSION | |
| REPORT TYPE | July 15 Bith day before election | | 15th day after campaign treasurer appointment (Officsholder Only) Final Report (Attach C/OH |
| PERIOD COVERED | Month Day Year MARCH 12 2016 | THROUGH APR, 1 | Day Year 2014 |
| ELECTION | ELECTION DATE Month Day Year Discours 05/07/16 General | ELECTION TYPE Cother Description Special | |
| | OFFICE HELD (1 SW) | DCCCD BOAR | RD of Dist. EE 3 |
| | GO TO PA | GE 2 | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | | |
|---|---------------------------------------|--|---|
| | FRANKL | IN L-MILLSAP | 15 Filer ID (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR A | ionice of political contineutions accepted or political expensions and have been made in modern. Candidates and officeholdings are required to report to unes. | DITURES NAME BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OF OFFICENCLESS OF SECTION OF THEY RECEIVE NOTICE |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | FRANK MILLSAP CA | IMPAIGN |
| | SPECIFIC | COMMITTEE RIDDRESS | |
| | ** | 3904 Miles Rd SALA COMMITTEE CAMPAIGN TREASURER NAME | HIE TX 75048 |
| Additional Fagus | | FRANK MINSANGO COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| | | 3904 miles Rd Siga | HSZ TX 7502Q |
| TOTALS | 1. TOTAL P PLEDGE | OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | |
| | 2. TOTAL F | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 47500 |
| EXPENDITURE TOTALS | 3. TOTAL PO | DLITICAL EXPENDITURES OF \$100 OR LESS, | \$ 195-11 |
| | 4. TOTAL P | OLITICAL EXPENDITURES | \$ 1015 - 24 |
| CONTRIBUTION BALANCE | 5. TOTAL PO OF REPO | , | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PE | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD | |
| 18 AFFIDAVIT | | | |
| | RICKERSON E Y PUBLIC of Texas | I swear, or affirm, under penalty of per trub and correct and includes all inform under Title 15, Election Code. | fury, that the accompanying report is mation required to be reported by the |
| Comm. Exp | . 12/18/2016 E | Frankling 1. Signature of Candle | millage |
| AFFIX NOTARY STAMP/ | SEALABOVE | | Janu Of Office: joicer |
| Sworn to and subscrib | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | the said Franklin L. Millsap certily which, witness my hand and seal of office. | , this the |
| Sandia Ric | Keison | Sandra Rickerson | Notary Public |
| Signature of officer adm | enistering oath | Printed name of officer administering oath | Title of officer administering page |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 2 | O Filer ID (Ethics Com | mlasion Filera) |
|------------|---|------------------------|-----------------|
| 27 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTO IAL |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 475- |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ -0- |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ -0 - |
| 4. | SCHEDULE E: LOANS | | \$ 2000 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR | RIBUTIONS | \$ 1015 2 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ -0- |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI | NTRIBUTIONS | \$ -0 - |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ -0- |
| ∍ . | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ _0_ |
| 0. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU | SINESS OF C/OH | \$ -o <u></u> |
| | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR | 1 ' | -0- |
| !. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER | s | · · · · · · |

| 31114 | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|-------------------|---|------------------------------------|
| 2 FILER NAME | FRANKLIN L. M. 1/5 Ap | 3 Filer ID (Ethics Commission File |
| 4 Date | Full name of contributor out-of-state PAC (ID#: ARCH DYE Contributor address; City; State; Zip Code Box 872052 Misquite TY 7518 7 | 7 Amount of contribution (\$) |
| 3 Principal occu | pation / Job title (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: BRUCE BELLING Contributor address; City; State; Zip Code PO Box 316 NEVADA TX- 75113 | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) Employer (See Inst | tructions) |
| Date | Full name of contributor out-of-state PAC (ID#: GAR 1 ZUMWALT Contributor address; City; State; Zip Code 4425 MAPIC SHADE SACHSE TY 75048 Ition / Job title (See Instructions) Employer (See Inst | Amount of contribution (\$) |
| | Employer (See Instructions) | tructions) |
| Date . | Full name of contributor out-of-state PAC (ID#: MAY THALMHIN Contributor address; City; State; Zip Code Contributor address; Takkand Ty 75040 | 75 00 |
| Principal occupat | tion / Job title (See Instructions) Employer (See Instr | |
| | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 The Instruction Guide explains how to complete this form, Jotal pages Schedule A2: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor ☐ out-of-state PAC (ID#: Amount of 9 In-kind contribution Contribution \$ description City; State; Zip Code 7 Contributor address; Check if travel outside of Texas. Complete Scientinia 12 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructional) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 15 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor ui-of-state PAC (ID#:_ **Date** Amount of In-Ideal contribution Contribution \$. description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schwider 1. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

www.ethics.state.tx.us

Revised 9/8/2015

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS



SCHEDULE E

| | The Instruction Guide explains how to complete | this form. | 1 Total pages Scho | edule 8: |
|----------------|--|------------------|-------------------------------------|--------------------------------------|
| 2 FILER NA | AME | | 3 Filer ID (Ethics | Commission Filers) |
| 4 TOTAL | OF UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor □ out-of-state PAC (ID) 7 Pledgor address; City; State; | | S Amount of Pledge \$ | . 9 In-kind contribution description |
| 10 Principal c | occupation / Job title (See Instructions) | 11 Employer (Sec | instructions) | side of Texas. Complete Schedule |
| Date | Full name of pledgor | Zip Code | Amount of Pledge \$ | in-kind contribution description |
| Principal oc | cupation / Job title (See Instructions) | Employer (See | Check if travel order instructions) | ide of Texas. Complete Schedule |
| Date | Full name of pledgor | Zip Code | Amount of Pledge \$ | In-kind contribution description |
| Principal oc | cupation / Job title (See instructions) | Employer (See | Check if travel outsix | de of Texas. Complete Schedule T |
| Date | Full name of pledgor out-of-state PAC (ID#: | | Amount of Pledge \$ | In-kind centribution description |
| Principal occ | upation / Job title (See instructions) | Employer (See | Check if travel outside | e of Texas. Complete Schedule T. |
| | | F THIS SCHEDULE | | |

| The instruction Guide explains how to complete this form. 1 Total pages Schedule E: | e 11 ann 1 | |
|---|--|---|
| 2 FILER NAME FRANKLIM MILLS AD 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 2 Out-of-state PAC (IDF | LOANS | SCHEDULE E |
| TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 3 Interview of lender 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 5 Is lender 6 Is lender 6 Is lender 6 Is lender 7 Name of lender 8 Lender address; 9 Loan Amount (\$) 2 000 2 10 Interest rate 10 Interest rate 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR 17 Name of guarantor 18 Guarantor address; 18 Guarantor address; 19 Code 10 Principal Occupation (See Instructions) 19 Amount Guaranteed (\$) Description of Collateral 10 Interest rate 11 Maturity date 12 Principal Occupation (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) 18 Guarantor address; 19 Code 10 Principal Occupation (See Instructions) 19 Amount Guaranteed (\$) 10 Principal Occupation (See Instructions) 10 Principal Occupation (See Instructions) 11 Maturity date 12 Principal Occupation (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) 18 Guarantor address; 19 Code 10 Interest rate | The lestruction Guide explains how to cor | Examplete this form, |
| \$ TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender FRANKLIN Mills App. 6 Is lender a financial Institution? 3904 MILLS ACHSE TY 750HS 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral none 6 GUARANTOR INFORMATION 18 Guarantor address; City: State; Zip Code 10 Interest rate 11 Maturity date 12 Amount Guaranteed (\$) 13 Employer (See Instructions) 14 Description of Collateral none 15 Check if personal funds were deposited into political account (See Instructions) 16 Amount Guaranteed (\$) 17 Name of guarantor 18 Guarantor address; City: State; Zip Code 19 Principal Occupation (See Instructions) 19 Amount Guaranteed (\$) Date of foan Name of lender a financial Lender address; City: State; Zip Code Interest rate | - THE STATE OF THE | 3 Filer ID (Ethics Commission First |
| Second S | | |
| State Stat | FRANKLIN Mills | , coan Ambunt (5) |
| 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 4 Description of Collateral | a financial Lender address; City; | State; Zip Code 10 Interest rate |
| 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 18 Guarantor address; City; State; Zip Code 19 Principal Occupation (See Instructions) 21 Employer (See Instructions) 22 Employer (See Instructions) 23 Employer (See Instructions) 24 Employer (See Instructions) 25 Employer (See Instr | A EN | |
| none account (See Instructions) 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$) 19 | | |
| 18 Guarantor address; City; State; Zip Code Inot applicable Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (IDs: | _ | 15 Check if personal funds were deposited into political account (See Instructions) |
| □ not applicable Description (See Instructions) Date of foan Name of lender out-of-state PAC (ID#: | | 19 Amount Guaranteed (\$) |
| is lender Lender address; City; State; Zip Code Interest rate | | 21 Employer (See Instructions) |
| a financial Sity. State; Zip Code interest rate | Date of loan Name of lender out-of-state | te PAC (ID#:) Loan Amount (\$) |
| | a financial | State; Zip Code Interest rate |
| Y N Maturity date | D 135 | Maturity date |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Description of Collateral Check if personal funds were deposited into political account (See Instructions) | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION Name of guaranter Amount Guaranteed (\$) Guaranter address; City; State; Zip Code | GUARANTOR Name of guarantor INFORMATION | |
| not applicable | _ | |
| Principal Occupation (See Instructions) Employer (See Instructions) | Principal Occupation (See Instructions) | Employer (See instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | ATTAGH ADDITIONAL CO | OPIES OF THIS SCHEDULE AS NEEDED |
| ns provided by Texas Ethics Commission www.ethics state by the | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(8)

Advertising Expense Accounting Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

| Accounting/Eanking Consulting Expense Contributions/Donations Made I Cancidate Officeholder/Politic Credit Card Payment | al Committee Legal Services | se Polling 5: Expense Printing E Salaries/V | xpense //ages/Contract Labor | Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
|---|--|---|---------------------------------|---|
| Total pages Schedule F1: | | luide emplains how to e | complete this form. | |
| Total pages Scriedule (*) | | . 4 | 1 | 3 Filer ID (Ethics Commission Filers) |
| 4 D | F PAHK L | 14 mill | 500 | 207/07/ |
| 4 Date | 5 Payes name | | <i>y</i> | |
| | FIRST GRA | ebir Senu | 37 <i>85</i> | |
| ⊕ Amount (\$) | 7 Payee address; City; | State; Zip Code | | |
| 920.13 | | | GAR/And + | × |
| 5 | (a) Category (See Categories listed at | the top of this schedule) | (b) Description | |
| PURPOSE | | | | |
| C F | 54- | | Check in Easter on | tside of Texas. Complete Schedule T. |
| EXPENDITURE | Signs | | Check if Austin | , TX, officeholds: living expense |
| | | | | |
| | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder nar | me | Office sought | Office held |
| | | | | - moo reng |
| Date | Payee name | | | |
| | 1 · | 7 | | |
| | TRIPLE my | Drin tax | | |
| American (A) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| 109 (17 | | | Gas | AT CHA |
| 109.92 | | | 9/1/2 | THAD TO |
| - | Category (Bas Category B. | | <u> </u> | |
| (Newsystems (Septem) | Category (See Categories listed at the | e top of this schedule) | Description | |
| PURPOSE | | | Check if travel outsi | de of Texas. Complete Schedule T. |
| EXPENDITURE | | | | X, officeholder living expense |
| 504-035-00V-038 | | | | and advance |
| | | | | |
| Complete ONLY If direct | Candidate / Officeholder nam | le | Office sought | |
| expenditure to benefit C/OH | | | Times acagni | Office held |
| | | | | |
| Date | Payee name | | | |
| | Julian Noe | 1 2 | | |
| | JULIAN MOS | el PHOTE | \mathcal{O} | |
| Amount (\$) | | | | |
| | . Lyse audioss, City; | State; Zip Cocie | | |
| 81-19 | | | Dall | 5 |
| | | | DANA | 15 Tw |
| | Category (See Categories listed at the | ton of this are a first | | |
| PUNPOSE | a to the state of the | A A I NUMB SPATEGORIGE | Description | |
| OF | | | Check if travel outside | of Texas. Complete Schedule T. |
| EXPENDITURE | | 1 | Check If Austin, TX | , officeholder living expense |
| ı | | 1 | | - , |
| | | | | |
| Complete ONLY if direct | Candidate / Officeholder nam | е | Office sought | - Company |
| expenditure to benefit C/OH | | | | Office held |
| | | | | |
| | ATTACH ADDITIONAL C | OPIES OF THIS OF | MEDIU FAQUEEDS | D |
| | The state of the s | The second second | 6 12095도 연취 배로보DE | U I |

UNPAID INCURRED OBLIGATIONS



SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Relimbursement Office Overhead/Rental Expense Poling Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Equa

| Other (enter a category not fisted above) S Filler ID (Ethics Commission Filers) |
|--|
| |
| \$ |
| |
| |
| |
| |
| avel outside of Texas. Complete Schedule T. Austin, TX, officeholder fiving expense |
| Office held |
| |
| |
| |
| el outside of Texas. Complete Schedule T. istin, TX officeholder living expense |
| Office held |
| |

PURCHASE OF INVESTMENTS MADE



| | | SCHEDULE F |
|-----------|---|---------------------------------------|
| | The instruction Guide explains how to complete this form. | 1 Total pages Schedule F3; |
| FILER NAM | WE | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; | City; State; Zip Code |
| | Description of investment | |
| | Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; | City; State; Zip Code |
| | Description of investment | |
| | Amount of Investment (\$) | |
| | | |
| | | |
| | | |
| | | |

EXPENDITURES MADE BY CREDIT CARD



SCHEDULE F4

Revised 9/8/2015

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting Expense Accounting/Banking Consulting Expense

Event Expense Fees Food Everage Expense

Loan Repayment/Reimitursement Office Overhoad/Rental Expanse Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relation Equipment

| Controutions/Donations Made Candidate:Officeholder/Politic | cal Committee Legal Services | Printing Expense Salaries/Wilger Contract Labor | Travel in District Travel Out Of District Other (enter a category not listed above |
|---|---|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | hins how to complete thin term. | 3 Filter ID (Ethics Commission File |
| 4 TOTAL OF UNITER | MIZED EXPENDITURES CHARGE | DTOACREDITCARD | \$ |
| 5 Date | 6 Payee name | | 9 |
| 7 Amount (\$) | B Payee address; City; State | ; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | |
| 10 | (a) Category (See Categories listed at the top of | this schedule) (3) Descripti | on |
| PURPOSE OF | | | firavel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | , , | if Austin, TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| TYPE OF EXPENDITURE | Politica) [| Non-Political | |
| | Critegory (See Categories listed at the top of th | nis schedula) Description | |
| PURPOSE | | | avel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if | Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS NOT | |
| s provided by Texas Ethics C | ommission www.ethics.s | | JED |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expende Accounting/Banting Consulting Expense Contributions/Donations Made Cancidate/Officehold ##, Polit Credit Gard Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide Explains | Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed about) |
|--|----------------|--|--|---|
| Total pages Schedule G: | 2 FILER NA | | | 3 Filer ID (Ethics Commission Filers) |
| 3 Date | 5 Payee nar | пе | | |
| 6 Amount (5) | 7 Payee add | iress; City; State; Zip | Cocie | |
| Reimbursement from political contributions intended | | | | |
| 8 FURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the top of this sche | Check if travel outside | e of Texas. Complete Schedule T. C, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candida)H | te / Officeholder name | Office sought | Office held |
| Date | Payee nam | e | | |
| Amount (\$) | Payee addi | ress; City; State; Zip (| Code | |
| En industrianidam politimizanidations identity | | | | |
| PURPOSE OF EXPENDITURE | Category (s | ee Categories licted at the top of this sched | Check if travel outside | of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candida | te / Officeholder name | Office sought | Office held |
| Date | Payee name | | | |
| Antourk (#) | Payee addr | ess; City; State; Zip C | Code | |
| Reimbursement from political contributions intended | | | | |
| PURPOSE OF EXPENDITURE | Category (Sa | e Categories listed at the top of this achedu | Check if travel outside of | Texas. Complete Schedule 7. officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate | e / Officeholder name | Office sought | Office held |
| | ATTAC | HADDITIONAL COPIES OF T | HIS SCHEDULE AS NEEDED | , |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/8/2015

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



SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 9(#)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Concentration In District
Travel In District
Other (enter a cuteropy not listed shows)

| | The Instruction Guido explains ho | W to complete this faces | Other (enter a category not listed about) |
|---|---|---|---|
| 1 Total pages Schedule H: | 2 FILER NAME | | 3 Filer ID (Ethics Commission File) |
| 4 Date | 5 Business name | | |
| S Amount (\$) | 7 Business address; City; State; Zip Co | de | |
| B PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule | Check if travel outside | of Texas. Complete Schedule T. officaholdar living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Coo | de | 1 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Check # travel suick's of | Toxas. Complete Schoolato T. Micchalder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Cod | е | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Other if travel outside of Ti Check if Austin, TX, or | esses. Congrete Sotestate T. Isotobier Geling expense |
| | Candidate / Officeholder name | Office sought | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



| The Instruction Guide explains how to con 2 FILER NAME | opisie this form. |
|--|--|
| 2 FILER NAME | |
| | 3 Filer ID (Ethics Commission Filer |
| 5 Payee name | |
| 7 Payee address; City; State; Zip Code | |
| (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See fastructions regarding type of information required.) |
| Payee name | <u></u> |
| Payee address; City; State; Zip Code | |
| Category (See instructions for examples of acceptable categories.) | Description (See Instructions regarding type of instruction required.) |
| Рауее пате | |
| Payee address; City; State; Zip Code | |
| Category (See instructions for examples of acceptable categories.) | Description (See Instructions regarding type of Information required.) |
| Payee name | |
| Payee address; City; State; Zip Code | |
| Category (See instructions for examples of acceptable categories.) | Description (See Instructions regarding type of Interestion required.) |
| | 7 Payee address; City; State; Zip Code (a) Category (See instructions for examples of acceptable categories.) Payee address; City; State; Zip Code Category (See instructions for examples of acceptable categories.) Payee address; City; State; Zip Code Category (See instructions for examples of acceptable categories.) Payee address; City; State; Zip Code Category (See instructions for examples of acceptable categories.) Payee name Payee address; City; State; Zip Code Category (See instructions for examples of acceptable categories.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| | ^ | / | | |
|-------|---|-----|-------|----|
| /N | 1 | / | | |
| 7 / 1 | M | / | | |
| I / I | , | SCI | HEDUI | EK |
| 1 | | | | |

| | The instruction Guide explains how to complete this form. | Total pages Schedule K: |
|----------|---|--|
| FILER NA | ME | 3 Filer ID (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; Si | tate; Zlp Code |
| | 7 Purpose for which amount is received | k if political contribution returned to filer |
| Date | Name of person from whom amount is received | Amount (4) |
| | Address of person from whom amount is received; City; St | tate; Zip Code |
| | Purpose for which amount is received Check | k If political contribution returned to filer |
| | | |
| Date | Name of person from whom amount is received | Amount (\$) |
| Date | Name of person from whom amount is received: Address of person from whom amount is received; City; State | Stronger a |
| Date | Address of perion from whom amount is received; City; Sta | Witness of |
| Date | Address of perion from whom amount is received; City; Sta | te; Zip Code |
| | Address of person from whom amount is received; City; State Purpose for which amount is received Check | If political contribution returned to filer Amount (\$) |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS The Instruction Guide explains how to complete this form, 1 Total pages Schedule T: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 5 Dates of travel Name of person(s) traveling 8 Departure city or name of departure location S Destination city or name of destination location 10 Means of transportation 17 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule in Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledger / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (Including name of conference, seminar, or other event) Means of transportation

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL GOPIES OF THIS SCHEDULE AS NEEDED
mission www.ethics.state.tx.us

Revised 9/8/2015