The C/OH Instruction C				
	duide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
GANDIDATE / OFFICEHOLDER	MS / MRS (MR)	FIRST	М.	OFFICE USE ONLY
NAME	NICKNAME	hee	SUFFIX	Date RANGE CEIVED
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	MEYER	CITY; STATE; ZP CODE	DEC 0 8 2025 By: KA(
Change of Address				130 o'clock P
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	NORMA G. EDISON Flections Administrator Golied County Tex Bigging # V A C Amount 5 Depu
6 CAMPAIGN TREASURER NAME	MS (MRS) MR NICKNAME	LAUON Meyer	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (F	O PO BOX PLEASE); APT / S	SUITE #: CITY;	STATE: ZIP CODE
(Residence or Business)		PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	AREA CODE	30th day before	election Runoff	15th day after campaign
	July 15	Bth day before e		treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
02 EXERTED #074.06			moson	
11 ELECTION	ELECTION DAY	Year Primary Genera	ELECTION TYP	£
11 ELECTION	Month Day OFFICE HELD (If any)	Year Primary	Runoff Other Description Special 13 OFFICE SOUGHT (If kno	an) siower freeint 4
11 ELECTION 12 OFFICE 14 NOTICE FROM POLITICAL	Month Day OFFICE HELD (If any)	Year Primary	Runoff Other Description Special 13 OFFICE SOUGHT (# kno	an) Sioner freeint 4
H ELECTION 12 OFFICE 14 NOTICE FROM	Month Day OFFICE HELD (If any)	Year Primary	Runoff Other Description Special 13 OFFICE SOUGHT (# kno	an) Sioner freeint 4
11 ELECTION 12 OFFICE 14 NOTICE FROM POLITICAL	Month Day OFFICE HELD (If am) THIS BOX IS FOR NOTIC CONSENT. CANDIDATES	Year Primary General General Ge OF POLITICAL CONTRIBUTIONS EMOLDER: THESE EXPENDITURE AND OFFICEMOLDERS ARE REQUI	Runoff Other Description Special 13 OFFICE SOUGHT (# kno	an) Sioner freeint 4
11 ELECTION 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE(S)	Month Day OFFICE HELD (If any) THIS BOX IS FOR NOTIC THE CANDIDATE I OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	Year Primary General	Runoff Other Description Special Special 13 OFFICE SOUGHT (Fixed Notice of the Commission of the Com	an) Sioner freeint 4
11 ELECTION 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE(S)	Month Day OFFICE HELD (If any) THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT, CANDIDATES COMMITTEE TYPE GENERAL	Year Primary General General General GE OF POLITICAL CONTRIBUTION EMOLDER. THESE EXPENSITUR AND OFFICINIOLISES ARE REQU COMMITTEE NAME COMMITTEE ADDRESS	REASURER NAME	^{ап)} Д , Ц

	E / OFFICEHOLDE N FINANCE REPOF	V4.93	C		RM C/OH EET PG 2
15 C/OH NAME			16 Fil	er ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER TH JARANTEES OF LOANS, OR ELECTRONICALLY)	AN	s	
	TOTAL POLITICAL CON (OTHER THAN PLEDGES, I	TRIBUTIONS LOANS, OR GUARANTEES OF LOAN	S)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.	00.00	\$	
MOSIGS ANNA	4. TOTAL POLITICAL EXPE	ENDITURES		\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF THE L	AST DAY	s	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPORT	IT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE	\$	
	Please cor	mplete either option belo	ow:		
(1) Affidavit					
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by	this th	е	day of	
20, to certify	which, witness my hand and seal of office	е.			
Signature of officer administe	ring cath Printed name o	of officer administering oath		Title of officer	administering oath
		OR			
(2) Unsworn Declarati	on				
My name is		and my date of birth	is		
My address is					
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on theday of	nth)	, 20	
		Signature of Can	didate/Off	ficeholder (Decla	arant)

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Revised 1/1/2025

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	JNDS	\$
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBITO FILER	JTIONS RETURNED	s

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to o	1 Total pages Schedule A1;		
FILER N	AME		3 Filer ID (Ethics Commission Filers	
Date		out-of-state PAC (DR	7 Amount of contribution (\$)	
	6 Contributor address;	City; State; Zip Code	****	
Principal	occupation / Job title (See Instructions)	9 Employer (See In	structions)	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)	
	Contributor address;	City; State; Zip Code		
Principal o	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	out-of-state PAC (IDE:	Amount of contribution (\$)	
	Contributor address;	City; State; Zip Code		
Principal (occupation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor	out-of-state PAC (ID4:) Amount of contribution (\$)	
	Contributor address;	City; State; Zip Code	****	
Principal o	occupation / Job title (See Instructions)	Employer (See In	estructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor ☐ sut-of-state PAC (IDI):_ 8 Amount of 9 In-kind contribution 5 Date Contribution \$ State; Zip Code 7 Contributor address; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor | out-of-state PAC (ID#_ Amount of In-kind contribution Date State; Zip Code Contributor address; Check if travel outside of Texas: Complete Schedule T. Employer (FOR NON-JUDICIAL)(See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (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.

Forms provided by Texas Ethics Commission

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

www.ethics.state.tx.us

Revised 1/1/2025

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report,

Amount of Pledge \$ Check if travel outs ctions) Amount of Pledge \$	9 In-kind contribution description I description I in-kind contribution description I in-kind contribution description
of Pfedge \$ Check if travel outsections) Amount of Pledge \$ Check if travel outs	description
of Pfedge \$ Check if travel outsections) Amount of Pledge \$ Check if travel outs	description
Amount of Piedge \$ Check if travel outs	description
of Pledge \$ Check if travel outs	description
	I I I aide of Texas. Complete Schedule
ctions)	
icocaria)	
Amount of Pledge \$	In-kind contribution description
Check if travel outs	I I side of Texas. Complete Schedule
ections)	
Amount of Pledge \$	In-kind contribution description
Check if travel outs	I I side of Texas, Complete Schedule
ections)	
	Pledge \$ Check if travel out actions) Amount of Pledge \$

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#_ 10 Interest rate 6 is lender 8 Lender address; State: Zip Code City; a financial Institution? 11 Maturity date YN 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) none 19 Amount Guaranteed (\$) 16 GUARANTOR 17 Name of guarantor INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#: Interest rate Lender address; State; Zip Code Is lender a financial Institution? Maturity date Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; State: Zip Code City: not applicable 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES FOR	BOX 8(a)		
Advertising Expense Accounting Banking Consulting Espense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credt Card Payment		Event Expense Loan Repayment Reinthursement Fess Office Overthead Rental Expense GRI/Awards/Memorish Expense Poling Expense Legal Services Resident Statistics/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of Clashod Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeena	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of thi	is schedule) (b)	Description		
En Charlotte	(a)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	eme				
Amount (\$)	Payee as	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Calegories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>CNLY</u> if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought		Office held
Date	Payeen	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Tar Taran Constitution (action as a control	Schedule T.	Charle # Aust	in. TX, afficeholder livin	expense
		Check Firavel outside of Texas. Complete		CHESK I MAN		

Forms provided by Texas Ethics Commission

Revised 1/1/2025

www.ethics.state.tx.us

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	y I Committee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursem Office Overhead/Rental Exper Poling Expense Printing Expense Salaries/Wages/Contract Labo	Transportation Equipme Travel in District Travel Out Of District	ent & Related Expens
		The Instruction Guide explai	ns how to complete this for	m.	
Total pages Schedule F2:	2 FILER	NAME		3 Filler ID (Ethics Co	mmission Filers)
TOTAL OF UNITER	NIZED UN	IPAID INCURRED OBLI	IGATIONS	s	
Date	6 Payee	name			
Amount (\$)	8 Payee	address;	City;	State;	Zip Code
TYPE OF EXPENDITURE		Political [Non-Political		
PURPOSE OF EXPENDITURE	(a) Catego	ry. (Bee Gategories listed at the top of the control of the contro		In	spense
1 Complete QNLY if direct expenditure to benefit C/Or		ndidate / Officeholder name	Office sought	Office hel	ki
Date	rayoo	1101110			
Amount (\$)	Payee	address;	City;	State;	Zip Code
TYPE OF EXPENDITURE		Political [Non-Political		
PURPOSE OF EXPENDITURE	Catego	ety (See Categories listed at the top of th	is schedule) Descript	ion	
		Check if travel outside of Texas. Complete	te Schedule T. Che	ck if Austin, TX, officeholder living	experse
Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder name	Office sought	Office he	ld

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAM	ME	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
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXF	PENDITURE CAT	EGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constions Med Candidate/Officeholder/Poli	ie by Gift/Awar	erage Expense ds/Memorials Expense	Office O Polling I Printing	payment/Reimbursement verhoad/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In Clathict Travel Out Of District Other (enfor a category not listed above)
	n Guide explains how to c	omplete this form.	0.01.000	USE A NEW PAGE FO	R EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILER ID (Ethics Commission File
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO	A CREDIT CARD			5
S CREDIT CARD ISSUER	Name of financial institu	ition			
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card l	ssuer Paid
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City, State, Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (tox Categories	listed at the top of this sched	Adel	(b) Description	
Non-Political	(c) Check if travel o	utside of Texas. Complete	e Schedule T.	Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Saught	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card i	ssuer Paid
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sched	fulej	(b) Description	
Non-Political	(c) Deck if travel o	utside of Texas. Complet	e Schedule T.	Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	0	ffice Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card I	ssuer Paid
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this school	dulet	(b) Description	
Non-Political	(c) Check if travel o	utside of Texas, Complet	e Schedule T.	Check	f Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholde	r name	0	ffice Sought	Office Held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES FOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credi Card Payment		Event Expense Fees FoodBeverage Expense Gith/wands/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment Office Overhead! Polling Expense Printing Expense Salaries/Wages/ is how to comple	Rental Expense Contract Labor	Solicitation/Fundrasin Transportation Equips Travel In District Travel Out Of District Other (enter a categor	ent & Related Expens
1 Total pages Schedule G:	2 FILER NA	A SUPPLIES OF THE PROPERTY OF			3 Filer ID (Ethics	Commission Filers)
1002						
4 Date	5 Payee nar	ne				
6 Amount (\$) Reimburusment from political contributions intended	7 Payee add	fress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule) (b) (Description		
EXPENDITURE	(c) [Check if travel outside of Texas. Complete Sci	hecute T.	Check if Austi	in, TX, officeholder living ex	perse
9 Complete <u>GNLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Office	sought		Office held
Date	Payee nar	ne				
Amount (\$) Reinbursement from positical contributions intended	Payee add	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	ichedule) [Description		
EXPENDITORE		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aust	tin, TX, officeholder living e	specie
Complete <u>ONLY</u> if direct expenditure to benefit C/I		ate / Officeholder name	Office	sought		Office held
Date	Payee nar	ne				
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule) [Description		
		Check if travel outside of Tisses. Complete Sc			in, TX, officeholder living e	The state of the s
	Candid	ate / Officeholder name	Office	sought		Office held

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this achedule) (b) Description (c) Check if savel outside of Texas. Complete Schedule T. Check if Austin, TX, efficientator living expense Candidate / Office holder name Candidate / Office holder name Office sought Office sought Office held Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit CrOH Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule) One Category (See Categories listed at the top of this schedule)			EXPENDITURE CATE	GORIES FOR BOX	B(a)		
Total pages Schedule H: 2 FILER NAME 3 Filler ID (Ethics Commission F Date 5 Business name Amount (\$) 7 Business address; City; State; Zip Code PURPOSE OF EXPENDITURE (c) Credul flowed classes of floats. Complete Schedule) (d) Category (See Categories listed at the top of this schedule) (e) Credul flowed classes of floats. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete SCREY if direct expenditure to benefit CICH Date Business name Candidate / Officeholder name Category (See Categories listed at the top of this schedule) (c) Credul flowed custom of floats. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Disscription Candidate / Officeholder name Office sought Complete QNLY if direct Candidate / Officeholder name Office sought Complete QNLY if direct Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office hold Candidate / Officeholder name Office sought Office hold Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office hold Office hold Office Sought Office hold Office hold Office Sought Office hold Office hold Office hold Office bought Office hold	Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholden/Polit		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental E Polling Expense Printing Expense	Expense Tro Tro Tro	ansportation Equipm avei in District avei Out Of District	sent & Related Expens
Date 5 Business name Amount (\$) 7 Business address; City; State: Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories issed at the top of this schedule) (b) Description Complete QNLY if direct complete QNLY if direct complete Schedule? Candidate / Office holder name Office sought Office holds in the top of this schedule? PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office hold office sought Office sought Office hold Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office hold office sought Office hold Purpose Of Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Crear Card Payment		The Instruction Guide explain	ns how to complete this			
Amount (5) 7 Business address; City; State; Zip Code PURPOSE OF EXPENDITURE (c) Check if stand outside of Texas. Complete Schedule; (d) Check if stand outside of Texas. Complete Schedule; (e) Candidate / Office holder name Office sought Office sought Office hold Date Business address; City; State; Zip Code PURPOSE OF EXPENDITURE Category (See Categories listed at the log of his schedule) Description Category (See Categories listed at the log of his schedule) Candidate / Office holder name Office sought Office sought Office hold Office hold Office hold Category (See Categories listed at the log of his schedule) Candidate / Office holder name Office sought Office hold	Total pages Schedule H:	2 FILER N	AME		3 1	Filer ID (Ethics	Commission Filers)
PURPOSE OF EXPENDITURE (c) Check if based cutage of Texas. Complete Schedule T. Check if Aussin, TX, efficientater living expense expenditure to benefit C/OH Complete QNLY if direct expenditure to benefit C/OH Business name Candidate / Officeholder name Office sought Office hold Amount (\$) Business address; City: State; Zip Code PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) PURPOSE OF Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Date	5 Business	name				
PURPOSE OF CHARLET ERROR OUTSIDE OF CHARLET ERROR OUTSIDE OF CHARLET ERROR OUTSIDE OF CHARLET ERROR ERROR ERROR ERROR ERROR OUTSIDE OF CHARLET ERROR E	Amount (\$)	7 Business	address;		City;	State;	Zip Code
Complete QNLY if direct expenditure to benefit CiOH Date Business name Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit CiOH Date Business address: Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit CiOH Date Business address: Candidate / Officeholder name Office sought Office sought Office hold Office hold Candidate / Officeholder name Office sought Office sought Category (See Categories listed at the top of this schedule) Date Candidate / Officeholder name Office sought Office hold Office hold Candidate / Officeholder name Office sought Office hold Office hold Candidate / Officeholder name Office sought Office hold Officeholder living expense	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b) Descrip	otion		
Date Business address; City; State; Zip Code		(c)	Check if travel outside of Texas. Complete S	chedule T. Ch	eck if Austin, TX,	afficeholder living ex	pense
Amount (\$) Business address; City: State: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Concluded Concluded City of Categories listed at the top of this schedule t. Complete QNLY if direct expenditure to benefit City Date Business name Candidate / Officeholder name Office sought Office sought Office hold PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Office hold Check if travel outside of Texas Complete Schedule t. Check if Austin, TX, officeholder living expanse Complete QNLY if direct Candidate / Officeholder name Office sought Office sought Office hold			late / Officeholder name	Office sough	ht		Office held
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check Travel outside of Texas. Complete Schedule T. Check Availse, TX, officeholder siving expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office hold Candidate / Officeholder name Office sought Office hold Candidate / Officeholder name Office sought Office hold Candidate / Officeholder name Office sought Officeholder hold Candidate / Officeholder name Office sought Officeholder hold Candidate / Officeholder name Officeholder N	Date	Business	s name				
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Fiving expanse Complete QNLY if direct expenditure to benefit CIOH	Amount (\$)	Business	s address;		City;	State;	Zip Code
Complete QNLY if direct expenditure to benefit C/OH Date Business name Candidate / Officeholder name Office sought Office sought Office hold		Category	(See Categories listed at the top of this	potestiej Descrip	otion		
Date Business name Amount (\$) Business address: City: State: Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expanse Complete QNS_X if direct Candidate / Officeholder name Office sought Office hold	EXPENDITURE		Check if travel outside of Texas. Complete S	zhedule T. Ch	eck if Austin, TX,	officeholder Eving ex	perise
Amount (\$) Business address: City: State: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule I. Check if Aussin. TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Office sought	Complete ONLY if direct expenditure to benefit C/C		tate / Officeholder name	Office sough	ht		Office held
PURPOSE OF EXPENDITURE Catalgory (See Catalgories listed at the top of this schedule) Description Description Description Check if Aussin. TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Office hold	Date	Business	s name				
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder Invirg expanse Complete QNLY if direct Candidate / Officeholder name Office sought Office hold	Amount (\$)	Business	s address;		City;	State;	Zip Code
Complete QNLY If direct Candidate / Officeholder name Office sought Office hold	OF	Category	r (See Categories listed at the top of this	schedule) Descrip	ption		
Complete Chart in direct Charter to the Charter to	EXPENDITURE		Check if travel outside of Texas. Complete S	chedule T. C	reck if Austin, TX,	officeholder living e	pense
			tate / Officeholder name	Office soug	ht		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Andrew Street,	ATT	TACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDEL)	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to co	inprese sino rottis.		
Total pages Schedule I:	2 FILERNAME		3 Filer ID (Ethics Co	immission Filera
Date	5 Payee name			
Amount (\$)	7 Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regarding type o	information.
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regarding type o	f information

Forms provided by Texas Ethics Commission

www.ethics.state.tx,us

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

SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
Date	5 Name of person from whom amount is received	8 Amount (5)		
	6 Address of person from whom amount is received; City;	State; Zip Code		
	7 Purpose for which amount is received	neck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City:	State; Zip Code		
	Purpose for which amount is received C	hack if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received: City:	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 C	heck if political contribution returned to filer		

	nformation is no	ot applicable, DO NOT i	include this page	in the report.		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Name of Contributor	Corporation or La	abor Organization / Pledgor	/ Payee	*		
Contribution / Expend	titure reported on:					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-U	_	
Dates of travel	7 Name of person(s) traveling					
	8 Departure cit	y or name of departure loca	tion			
	9 Destination city or name of destination location					
Means of transportat	ion 11	Purpose of travel (including	name of conference,	seminar, or other event)		
	Corporation of La	abor Organization / Pledgor	rrayee			
Schedule A2	diture reported on:	Ξ.	Schedule C2	Schedule D	Schedule F1	
Schedule A2	Scheduk	F4 Schedule G	Schedule C2	Schedule D Schedule COH-U		
Schedule A2	Scheduk	Ξ.			=	
Schedule A2	Schedule Schedule Name of per	F4 Schedule G	Schedule H		=	
Schedule A2	Schedule Schedule Name of per	F4 Schedule G	Schedule H		=	
Schedule A2	Schedule Schedule Name of per Departure cit	F4 Schedule G son(s) traveling sy or name of departure loca	Schedule H	Schedule COH-U	=	
Schedule A2 Schedule F2 Dates of travel Means of transportal	Schedule Schedule Name of per Departure cit Destination c	F4 Schedule G son(s) traveling by or name of departure local	Schedule H	Schedule COH-U	=	
Schedule A2 Schedule F2 Dates of travel Means of transportal	Schedule Schedule Name of per Departure oil Destination of	o F4 Schedule G son(s) traveling by or name of departure local city or name of destination to	Schedule H	Schedule COH-U	=	
Schedule A2 Schedule F2 Dates of travel Means of transportal	Schedule Schedule Name of per Departure oil Destination of	o F4 Schedule G son(s) traveling by or name of departure local city or name of destination to Purpose of travel (including	Schedule H	Schedule COH-U	=	
Schedule A2 Schedule F2 Dates of travel Means of transportal Name of Contributor Contribution / Expense	Schedule Schedule Name of per Departure oil Destination of	p F4 Schedule G son(s) traveling by or name of departure local sity or name of destination is Purpose of travel (including abor Organization / Piedgor	Schedule H station cation name of conference,	Schedule COH-U	C Schedule B-S	
Schedule A2 Schedule F2 Dates of travel Means of transportal Name of Contributor Contribution / Expens	Schedule F	p F4 Schedule G son(s) traveling by or name of departure local sity or name of destination is Purpose of travel (including abor Organization / Piedgor	Schedule H scation name of conference, / Payee Schedule C2	Schedule COH-U	C Schedule B-S	
Schedule A2 Schedule F2 Dates of travel Means of transportal Name of Contributor Contribution / Expens Schedule A2 Schedule F2	Schedule Name of per Departure cit Destination of Li iditure reported on: Schedule B Schedule B Name of per	PF4 Schedule G son(s) traveling y or name of departure local sity or name of destination is Purpose of travel (including abor Organization / Pledgor Schedule B(J) Schedule G	Schedule H scation name of conference, / Payee Schedule C2 Schedule H	Schedule COH-U	C Schedule B-S	
Schedule A2 Schedule F2 Dates of travel Means of transportal Name of Contributor Contribution / Expens Schedule A2 Schedule F2	Schedule Name of per Departure cit Destination of Li diture reported on: Schedule B Schedule B Name of per Departure cit	p F4 Schedule G son(s) traveling by or name of departure local sity or name of destination is Purpose of travel (including abor Organization / Piedgor Schedule B(J) 4 Schedule G son(s) traveling	Schedule H station ration rame of conference, / Payee Schedule C2 Schedule H	Schedule COH-U	C Schedule B-S	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER REPORT:

ESIGNATION OF FINAL REPORT	FORM C/OH - FR
The Instruction Guide explains how to com	plete this form.
Complete only if "Report Type" on page 1 is n	narked "Final Report" ••
OH NAME	2 Filer ID (Ethics Commission Filers)
NATURE	
not expect any further political contributions or political expenditures in con- ignating a report as a final report terminates my campaign treasurer appoint apaign contributions or make any campaign expenditures without a campaign	ment, I also understand that I may not accept any
	Signature of Candidate / Officeholder
ER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••	
CAMPAIGN FUNDS	
heck only one:	
I do not have unexpended contributions or unexpended interest or inco	ome earned from political contributions.
I have unexpended contributions or unexpended interest or income ear may not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned or filing this final report. Further, I understand that I must dispose of unex interest or income earned on political contributions in accordance with	iterest or income earned on political contributions to unexpended contributions and that I may not retain in political contributions longer than six years after expended political contributions and unexpended
ASSETS	
heck 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 of that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	nterest or other income from political contributions to
	Signature of Candidate
FICEHOLDER Complete this section only if you are an officeholder **	
I am aware that I remain subject to filing requirements applicable to an office. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	contributions if, after filing the last required report as orn political contributions, or assets purchased with
	Signature of Officeholder
	The Instruction Guide explains how to com "Complete only if "Report Type" on page 1 is in H NAME NATURE not expect any further political contributions or political expenditures in congnating a report as a final report terminates my campaign treasurer appoint paign contributions or make any campaign expenditures without a campaign contributions or make any campaign expenditures without a campaign contributions or make any campaign expenditures without a campaign expenditure at a B below only if you are not an officeholder. " CAMPAIGN FUNDS Therefore the contributions or unexpended interest or income earney not convert unexpended contributions or unexpended interest or income earney not convert unexpended political contributions or unexpended interest or income earned or filing this final report. Further, I understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions in accordance with ASSETS Therefore the convert assets purchased with political contributions or interest or or that I may not convert assets purchased with political contributions or interest or or that I may not convert assets purchased with political contributions or interest or or that I may not convert assets purchased with political contributions or interest or or that I may not convert assets purchased with political contributions or interest or or that I may not convert assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or interest or that I may not c

Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

OFFICE USE ONLY

Date Received

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Receipt #	Amount 8
Date Processed	

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on ____.
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

Forms provided by Texas Ethics Commission

My address is	(street)County, State of	, on the	day of _	(month)	, 20 (year)	Si .
5545 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (, on the	20000000		, 20	E.
My address is	(street)		(unit)	311000000		
			(city)	(state)	(zip code)	(country)
My name is		, an	d my date of b	inth is		
(2) Unsworn Declaration						
		OR				
Signature of officer administerir	ng oath Printed n	ame of officer administr	ering cath		Title of officer	administering oath
20, to certify wh	ich, witness my hand and seal of o	office.				
Sworn to and subscribed be			the	s the	day of	
NOTARY STAMP/SEAL				Signature	of Filer	
(1) Affidavit						

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER