	ION/AMENDMENT DIDATE/OFFICEH		FORM COR-C/OH			
1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Chaf NICKNAME LAST Benguesi	SUFFIX	NECEIVED			
4 ORIGINAL REPORT TYPE	✓ 30th day before election 15th app	noff Other (specify) eeded \$500 limit In day after treasurer ointment (officeholder only) al report	Date Hand-delivered or Date Scientification and the second			
5 ORIGINAL PERIOD COVERED	Month Day Year <u>02</u> <u>12</u> <u>2021</u> TH	Month Day Year ROUGH <u>04 / 05 / 2021</u>	Dale Imaged			
6 EXPLANATION OF CO	RRECTION					
	C/OH - FR filed in	advertently				
Semiannual mislead or to Other report: date I learne	Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report. Other reports: 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. Chafik Benguesmia Signature of Candidate/Officeholder					
(1) Affidavit						
NOTARY STAMP/SEAL Sworn to and subscribed before me bythis thethis the, 20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name	of officer administering oath	Title of officer administering oath			
		OR				
(2) Unsworn Declaratio	on					
My name isC	hafik Benguesmia	, and my date of birth is				
My address is 3	524 Louis Drive	Piano T	(, <u>75023</u> , <u>USA</u>			
Executed in Collin	(street) County, State of _ Texas	(city) (s , on the <u>5th</u> day of <u>April</u> (month	state) (zip code) (country) 20_ <u>21</u> .)			
			hafik Benguesmia late/Officeholder (Declarant)			
Remember To Attac	h Any Part Of The Campaign F	Finance Report Form Needed To				

Revised 5/13/2020

		CEHOLDER			ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Elhics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. Chafik LAST Benguesmia	MI SUFFIX	OFFICE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY; STATE; ZIP CODE 75023	IN	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 695 2694	EXTENSION	Date Hand-delivered	3. com
6 CAMPAIGN TREASURER	MS / MRS / MR		Mi	Receipt #	Amounl \$
NAME	NICKNAME	last N/A	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before d	ection Exceeded Modified	15th day after treasurer ap (Officeholder	pointment
10 PERIOD COVERED	Month 02	Day Year 12 2021	Reporting Limit Month THROUGH	Day Year 31 20	21
11 ELECTION	ELECTION DA Month Day 05 01	Year Primary 2021 General	ELECTION TYPE C Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	A.	13 OFFICE SOUGHT (If known Board of Tru	ustee, Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIO	E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T N/A N/A EASURER NAME N/A	ADE BY POLITICAL COM	ER'S KNOWLEDGE OR
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 月	-iler ID (Et	hics Commis	
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	THAN	\$	0	
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	CONTRIBUTIONS ES, LOANS. OR GUARANTEES OF LC	DANS)	\$	Ō	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	POLITICAL EXPENDITURE.		\$	0	
	4. TOTAL POLITICAL E	EXPENDITURES		\$	0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	NTRIBUTIONS MAINTAINED AS OF TH OD	IE LAST DA'	Y \$	0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REI	OUNT OF ALL OUTSTANDING LOANS	AS OF THE	\$	Q	
	vear, or affirm, under penalty of p uired to be reported by me under Ti	perjury, that the accompanying report itle 15, Election Code,	is true and	correct ar	nd includes	all informati
			Chafik	Bengu	iesmia	
	Please	Signature	of Candida	te or Offic	eholder	
1) Affidavit	Please		of Candida	te or Offic	eholder	
1) Affidavit NOTARY STAMP/SEAL	Please o		of Candida	te or Offid	eholder	
NOTARY STAMP/SEAL			of Candida			
NOTARY STAMP/SEAL		complete either option be	of Candida			
NOTARY STAMP / SEAL Sworn to and subscribed b 20, to certify w	efore me by hich, witness my hand and seal of d	complete either option be	of Candida	day		
Gworn to and subscribed b	efore me by hich, witness my hand and seal of d	complete either option be	of Candida	day	of	
NOTARY STAMP / SEAL Sworn to and subscribed b 20, to certify w	efore me by hich, witness my hand and seal of o ng oath Printed nam	complete either option be	of Candida	day	of	
NOTARY STAMP / SEAL worm to and subscribed b 20, to certify w ignature of officer administerio 2) Unsworn Declaration	efore me by hich, witness my hand and seal of c ng oath Printed nam	complete either option be	of Candida	day	of	
NOTARY STAMP / SEAL	efore me by hich, witness my hand and seal of o ng oath Printed nam n Chafik Benguesmia	complete either option be	elow:	day Title of	of officer admi	nistering oat
NOTARY STAMP / SEAL	efore me by hich, witness my hand and seal of o ng oath Printed name n Chafik Benguesmia	complete either option be	of Candida	day	of officer admi	nistering oat
NOTARY STAMP / SEAL Sworn to and subscribed b 20, to certify w ignature of officer administerio 2) Unsworn Declaration by name is	efore me by hich, witness my hand and seal of o ng oath Printed nam n Chafik Benguesmia 3524 Louis Drive	complete either option be	elow: the th is (state)	Title of	of officer admi	nistering oat

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SUBTOTALS - C/OH	FORM C/O COVER SHEET PG
9 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
3. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$
1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION: TO FILER	S RETURNED \$

FILER NAME 3 Filer ID (Ethics Commission Files) Date 5 Full name of contributor out-of-state PAC (DR				3 Filer ID (Ethics Commission Filers)
Image: State in the second cost in the			AC (ID#:)	
6 Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (D#				Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) Principal occupation / Job title (See Instructions) City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (D#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (D#) Amount of contribution (\$)		City;		
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#;) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#;	ation / Job title (See Instructions)	9 Employer (See Instrue	ctions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (D#;) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#;) Amount of contribution (\$) Date Full name of contributor control City; State; Zip Code Date Full name of contributor cott-of-state PAC (ID#;) Amount of contribution (\$) Date Full name of contributor cott-of-state PAC (ID#;) Amount of contribution (\$)	Full name of contributor	🗌 out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	ation / Job title (See Instructions)		Employer (See Instru	ctions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Full name of contributor	🗌 oul-of-state P	AC (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State: Zip Code				
Contributor address; City; State: Zip Code	ation / Job title (See Instructions))	Employer (See Instru-	ctions)
Contributor address; City; State; Zip Code	Full name of contributor	🗌 out-of-state P	AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ation / Job title (See Instructions)		Employer (See Instru	ctions)
		Contributor address; ation / Job title (See Instructions) Full name of contributor Contributor address; ation / Job title (See Instructions) Full name of contributor Contributor address;	Contributor address; City; ation / Job title (See Instructions) Full name of contributor	Contributor address; City; State; Zip Code ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Full name of contributor cut-of-state PAC (ID#:) Contributor address; City; State; Zip Code cut-of-state PAC (ID#:)

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ed information is not applicable, DO NOT includ instruction Guide explains how to complete this form JNITEMIZED IN-KIND POLITICAL CONTRIE Full name of contributor	n.	In the report. N/A 1 Total pages Schedule A2: 3 Filer ID (Ethics Commission Filers) \$
JNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	3 Filer ID (Ethics Commission Filers)
Full name of contributor 🗌 out-of-state PAC (ID#:		
Full name of contributor 🗌 out-of-state PAC (ID#:		\$
Contributor address; City; State:	***********	8 Amount of 9 In-kind contribution Contribution \$ description
	Zip Code	Check if travel outside of Texas, Complete Schedule T.
tion / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
ncipal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
ployer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributorout-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description
Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T. Fr (FOR NON-JUDICIAL) (See Instructions)
cipal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
ployer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Attach Additional copies of T	ncipal occupation (FOR JUDICIAL) 13 Contribution ployer/law firm (FOR JUDICIAL) 15 Law firm n child, law firm of parent(s) (if any) (FOR JUDICIAL) 15 Law firm Full name of contributor out-of-state PAC (ID#) 0 Contributor address; City; State; Zip Code tion / Job title (FOR NON-JUDICIAL) (See Instructions) Employed ncipal occupation (FOR JUDICIAL) Contributor Law firm ployer/law firm (FOR JUDICIAL) Law firm Law firm

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	GED CONTRIBUTIONS uested information is not applicable, DO NOT in	iclude this page	in the report.	SCHEDULE B <u>N/A</u>
т	he Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAM	ME		3 Filer ID (Ethics C	commission Filers)
4 TOTAL C	OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St	ate; Zip Code		
				ide of Texas, Complete Schedule
10 Principal of	ccupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code	*.	
			Check if travel outs	I ide of Texas, Complete Schedule
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#:	-) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		1 1
			Check if Iravel outs	I ide of Texas, Complete Schedule '
Principal oc	ccupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State			
			Check if travel outs	I ide of Texas, Complete Schedule
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
	2. *	J		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins			requirements.

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If the requeste	ed information is not applicable, DO NO	OT include this page in the re	eport. N/A
The	e Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	e 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 occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal fur account (See Instruct	nds were deposited into political itions)
6 GUARANTOR INFORMATION	 17 Name of guarantor 18 Guarantor address; City; 		19 Amount Guaranteed (\$)
not applicable	1 1012 2 10124-001 0.2 10124.8 (01.7 10	State; Zip Code	
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state	ə PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	1
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	

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POLITICAL	EXPEN	DITURES	MADE
FROM POL	ITICAL	CONTRIB	UTIONS

SCHEDULE F1 <u>N/A</u>

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

		EXPENDITURE CATE	GUNESF	OR BOX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
		The Instruction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeen	ame				
\$ Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Calegories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas, Complete 6	Schedule T.	Check if Ausl	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame	i)			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	/ {See Categories listed at the top of this	schedule)	Description		
			Schedule T	Check if Aust	in, TX, afficeholder livin	Q expense
		Check if travel outside of Texas. Complete S	aonodalo n	One on Adat		0

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

<u>N/A</u>

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

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F2	-	and now to complete this form.	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITE	MIZED UNPAID INCURRED OBL	IGATIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of top	his schedule) (b) Description				
	(C) Check if travel outside of Texas, Complete	e Schedule T. Check if Au	slin, TX, officeholder living expense			
11 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		т.			
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political [Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	his schedule) Description				
	Check if travel outside of Texas, Comple	ote Schedule T. Check if A	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

N/A

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

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 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; 0	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

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EXPENDITUR						e repo		HEDULE F4
		EXPENDIT	URE CATEO	SORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ials Expense	Office Ov Polling E Printing I Salaries/		nse or	Travel In District Travel Out Of Dis	uipment & Related Expens
1 Total pages Schedule F4:	2 FILER	NAME				:	3 Filer ID (Ethic	s Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	тоас	REDIT CARD		5	
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Ē	Non-F	Political			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories liste	d at the top of this :	schedule)	(b) Descripti	on		
	(c)	Check if travel outside o	of Texas. Complete S	Schedule T.	Chec	k if Austin	n, TX, officeholder li	ving expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officehol	der name		Office sought		Office) held
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-F	Political			
PURPOSE OF EXPENDITURE	Categor	Y (See Categories liste	ed at the top of this	schedule)	Descripti	on		
EXPENDITORE		Check if travel outside	of Texas, Complete S	Schedule T.	Chec	k if Austi	n, ŤX, officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officehol	der name		Office sought		Office	e held
	ATTAC	HADDITIONAL	COPIES O	F THIS S	SCHEDULE AS	NEE	DED	
orms provided by Texas Ethics	Commission		www.ethics.st	tate,tx.us				Revised 8/17/2020

POLITICAL	EXPENDITU	JRES M	ADE	FROM
PERSONAL	FUNDS			

SCHEDULE G

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

N/A

		EXPENDITURE CATEG	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sch	hedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this sof	hedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin		, TX, officeholder living e	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	hedule)	Description		
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living			, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SO	CHEDULE AS NEED	ED	

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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.

<u>N/A</u>

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule H:	2 FILER N				3 Filer ID (Ethics	s Commission Filers)
i retar pages concerto ri,					• • • • • • • • • • •	
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
	(c)	Check if travel outside of Texas, Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	Check if Austin, TX, officeholder living expense			pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the lop of this so	chedule)	Description		
Commence of the standard sta	c	heck if travel outside of Texas, Complete Sch	hedule T.	Check if Auslin,	TX, officeholder living e	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name	5	Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEED	DED	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

N/A

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions rega	ding 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 (See required.)	e instructions rega	rding 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 (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable calegories.)	Description (See required.)	e instructions rega	rding type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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CONT	RIBUTIONS RETURNED TO FILER		SCHEDULE H
If the req	<u>N/A</u>		
	The Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
FILER NAM	ME	3 Filer ID (Ethic	s Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; S	tate; Zip Code	
	7 Purpose for which amount is received Check	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; S	State; Zip Code	
	Purpose for which amount is received Check	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; S	tate; Zip Code	
	Purpose for which amount is received Check	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; S	State; Zip Code	
	Purpose for which amount is received Check	f polítical contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL		

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	ITRIBUTIONS OR POLITICAL EXPEND OUTSIDE OF TEXAS	DITURES SCHEDULE T			
	formation is not applicable, DO NOT include this page	e in the report. <u>N /A</u>			
The Instru	ction 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 / Expend	ture 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			
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
10 Means of transportat	on 11 Purpose of travel (including name of conference	, seminar, or other event)			
Name of Contributor	Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expend	ture 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					
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	on Purpose of travel (including name of conference	, seminar, or other event)			
Name of Contributor	Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expend	ture 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			
Dates of travel	Name of person(s) traveling				
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transportat	on Purpose of travel (including name of conference	, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED			
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