

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR
FIRST MI
LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Address / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE, PHONE NUMBER, EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR, FIRST MI, LAST SUFFIX, NICKNAME

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE, PHONE NUMBER, EXTENSION

9 REPORT TYPE

January 15, 30th day before election, Runoff, 15th day after campaign treasurer appointment (Officeholder Only), Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month, Day, Year, THROUGH, Month, Day, Year

11 ELECTION

ELECTION DATE, ELECTION TYPE (Primary, Runoff, Special, Other)

12 OFFICE

OFFICE HELD (if any), OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

COMMITTEE TYPE (GENERAL, SPECIFIC), COMMITTEE NAME, COMMITTEE ADDRESS, COMMITTEE CAMPAIGN TREASURER NAME, COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

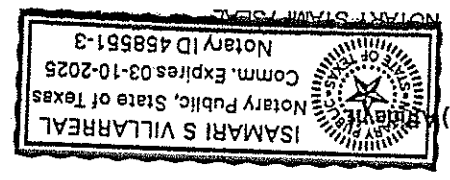
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
		4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder
[Handwritten Signature]

Please complete either option below:



Sworn to and subscribed before me by Carlos de los Santos this the 27th day of September, 2024, to certify which, witness my hand and seal of office.
Signature of officer administering oath
Printed name of officer administering oath
Title of officer administering oath

(2) Unsworn Declaration

My name is _____ and my date of birth is _____
My address is _____
(street) _____
(city) _____ (state) _____ (zip code) _____ (country) _____
Executed in _____ County, State of _____, on the _____ day of _____ (month) _____, 20____ (year)

Signature of Candidate/Officeholder (Declarant) _____

SCHEDULE F1

FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made by Candidate/Officeholder/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

3 FILER ID (Ethics Commission Filers)

2 FILER NAME

Delos Santos Harris LLC

4 Date

5 Payee name

Carlos De los Santos

6 Amount (\$)

7 Payee address:

723 Rio Road Eagle Pass TX 78852

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

loan repayment / pay back to bank

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date

5-7-24

Payee name

Winter Garden

Amount (\$)

Payee address:

P.O. Box 196 Eagle Pass TX 78852

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Advertising Expense
pay back bank to campaign

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date

6-5-24

Payee name

Donal Barnes

Amount (\$)

Payee address:

959 Medina Eagle Pass TX 78852

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Advertising Expense
pay back bank to campaign

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Office Equipment/Transportation Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1; 2 FILER NAME; 3 Filer ID (Ethics Commission Filer)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

6-10-24

EI Latino

Amount (\$)

800

Payee address: City: State: Zip Code

1919 Katy Drive Eagle Pass TX 78852

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

7-8-24

EI Latino

Amount (\$)

800

Payee address: City: State: Zip Code

1919 Katy Drive Eagle Pass TX 78852

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Bookkeeping Expense
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitor/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel in District
- Travel Out Of District
- Other (enter a category not listed above)

1 Total pages Schedule F1: 2 FILER NAME: *Delos Santos Hines LLC* 3 Filer ID (Ethics Commission Filer)

4 Date: *Delos Santos Hines LLC* 5 Payee name: *Delos Santos Hines LLC*

6 Amount (\$): *703 Rio Road Eagle Pass TX 78852* 7 Payee address: *703 Rio Road Eagle Pass TX 78852*

8 PURPOSE OF EXPENDITURE: *Loan Repayment* (a) Category (See Categories listed at the top of this schedule) *Loan Repayment* (b) Description: *pay back to campaign*

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: *Delos Santos Hines LLC* Office sought: Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: *Delos Santos Hines LLC* Office sought: Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

Date: *7-8-24* Payee name: *Daniel Gomez* Amount (\$): *450* Payee address: *2684 Chapote Loop Eagle Pass TX 78852* City: *Eagle Pass TX 78852* State: *TX* Zip Code: *78852*

PURPOSE OF EXPENDITURE: *Photographs* Category (See Categories listed at the top of this schedule) *Photographs* Description: *pay back loan to campaign*

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: *Delos Santos Hines LLC* Office sought: Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: *Delos Santos Hines LLC* Office sought: Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

Date: *E1/2/20* Payee name: *E1/2/20* Amount (\$): *1010* Payee address: *1010 Katy Drive Eagle Pass TX 78852* City: *Eagle Pass TX 78852* State: *TX* Zip Code: *78852*

PURPOSE OF EXPENDITURE: *Travel Expense* Category (See Categories listed at the top of this schedule) *Travel Expense* Description: *pay back to campaign*

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: *Delos Santos Hines LLC* Office sought: Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: *Delos Santos Hines LLC* Office sought: Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)
- Event Expense
- Legal Services
- Salaries/Wages/Contract Labor
- Printing Expense
- Political Expense

The instruction guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: *Delos Santos, Harris LLC*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

Delos Santos

6 Amount (\$)

7 Payee address:

703 Rio Road Eagle Pass TX 78852

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Loan Repayment
pay back to
Knobloch

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas, Complete Schedule T.

Check if Austin, TX, officeholder living expense

Amount (\$)

Payee address:

959 Medina Eagle Pass TX 78852

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Advertising Expense
pay back to
campaign

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas, Complete Schedule T.

Check if Austin, TX, officeholder living expense

Amount (\$)

Payee address:

959 Medina Eagle Pass TX 78852

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Advertising Expense
pay back to
campaign

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas, Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Food/Beverage Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Office Expense
- Office Furniture/Equipment & Related Expense
- Office Repayment/Reimbursement
- Printing Expense
- Political Expense
- Salaries/Wages/Contract Labor
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: *Delos Santos Flores LLC* 3 Filer ID (Ethics Commission Filer)

4 Date	5 Payee name	Candidate / Officeholder name		Office held
6 Amount (\$)	7 Payee address:	City: State: Zip Code		Office held
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			

Date	Payee name	Candidate / Officeholder name		Office held
Amount (\$)	1010 Kathy Drive Eagle Pass TX 78850	City: State: Zip Code		Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			

Date	Payee name	Candidate / Officeholder name		Office held
Amount (\$)	850	City: State: Zip Code		Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			

Date	Payee name	Candidate / Officeholder name		Office held
Amount (\$)		City: State: Zip Code		Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

<p>The Instruction Guide explains how to complete this form.</p>	
<p>1 Total pages Schedule F3:</p>	<p>2 FILER NAME</p>
<p>3 Filer ID (Ethics Commission Filers)</p>	<p>4 Date</p>

<p>5 Name of person from whom investment is purchased</p>	<p>6 Address of person from whom investment is purchased: City: State: Zip Code</p>
<p>7 Description of investment</p>	<p>8 Amount of investment (\$)</p>

<p>Name of person from whom investment is purchased</p>	<p>9 Address of person from whom investment is purchased: City: State: Zip Code</p>
<p>10 Description of investment</p>	<p>11 Amount of investment (\$)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

The instruction guide explains how to complete this form.

- Event Expense
- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officeholder/Political Committee
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Fees
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Underwriting Expense
- Transportation Equipment & Related Expense
- Travel in District
- Travel Out Of District
- Other (enter a category not listed above)

1 Total pages Schedule F4: **2 FILER NAME** **3 Filer ID (Ethics Commission Filer)**

4 **TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD** \$

5 Date **6 Payee name**

7 Amount (\$) **8 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) (b) Description

(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

11 **PURPOSE OF EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH **Candidate / Officeholder name** **Office sought** **Office held**

Date **Payee name**

Amount (\$) **Payee address; City; State; Zip Code**

12 **TYPE OF EXPENDITURE**

Political Non-Political

13 (a) Category (See Categories listed at the top of this schedule) (b) Description

(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

14 **PURPOSE OF EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH **Candidate / Officeholder name** **Office sought** **Office held**

Date **Payee name**

Amount (\$) **Payee address; City; State; Zip Code**

15 **TYPE OF EXPENDITURE**

Political Non-Political

16 (a) Category (See Categories listed at the top of this schedule) (b) Description

(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- 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)

The instruction guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME *Charles De los Santos* 3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Date Payee name Amount (\$) Payee address; City; State; Zip Code

EXPENDITURE OF PURPOSE Category (See Categories listed at the top of this schedule) Description

Reimbursement from political contributions intended Amount (\$) Payee address; City; State; Zip Code

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name Amount (\$) Payee address; City; State; Zip Code

EXPENDITURE OF PURPOSE Category (See Categories listed at the top of this schedule) Description

Reimbursement from political contributions intended Amount (\$) Payee address; City; State; Zip Code

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- 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)

The instruction guide explains how to complete this form.

1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

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 schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name Business address; City; State; Zip Code

Amount (\$) Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name Business address; City; State; Zip Code

Amount (\$) Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. 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 OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address: City State Zip Code
---------------	---

8	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address: City State Zip Code
-------------	---------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address: City State Zip Code
-------------	---------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address: City State Zip Code
-------------	---------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

1 Total pages Schedule K:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	6 Address of person from whom amount is received; City; State; Zip Code	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer
8 Amount (\$)			

Date	Name of person from whom amount is received	Address of person from whom amount is received; City; State; Zip Code	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer
Amount (\$)			

Date	Name of person from whom amount is received	Address of person from whom amount is received; City; State; Zip Code	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer
Amount (\$)			

Date	Name of person from whom amount is received	Address of person from whom amount is received; City; State; Zip Code	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer
Amount (\$)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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

1 Total pages Schedule T: _____

2 FILER NAME: _____

3 Filer ID (Ethics Commission Filer): _____

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

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 transportation: _____

11 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 H Schedule COH-UC Schedule B-SS

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 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 transportation: _____

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 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 transportation: _____

Purpose of travel (including name of conference, seminar, or other event): _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE/OFFICEHOLDER REPORT:

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 .. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CANDIDATE / OFFICERHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filer) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICERHOLDER NAME
 MS / MRS / MR FIRST LAST NICKNAME SUFFIX
 Mr Charles De los Santos

4 CANDIDATE / OFFICERHOLDER ADDRESS / MAILING ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 733 Rio Blvd Eagle Pass TX 78852

5 CANDIDATE / OFFICERHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (830) 968-6357

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST LAST NICKNAME SUFFIX
 Mrs Mayra A. De los Santos

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
 733 Rio Blvd Eagle Pass TX 78852

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (830) 968-5626

9 REPORT TYPE
 January 15 30th day before election
 Runoff
 July 15 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)
 15th day after campaign treasurer appointment (Officerholder Only)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 09/18/24 10/18/24

11 ELECTION
 ELECTION DATE
 Month Day Year
 11/05/24
 Primary
 Runoff
 Special
 Other Description
 ELECTION TYPE

12 OFFICE
 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)
 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICERHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICERHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICERHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
 COMMITTEE TYPE
 GENERAL
 SPECIFIC
 COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

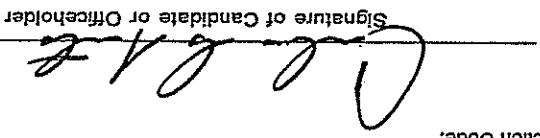
15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

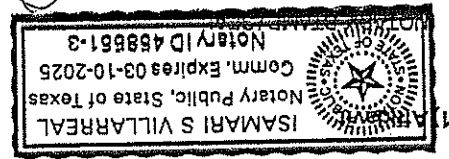
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$
	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
CONTRIBUTION BALANCE	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
LOAN TOTALS			

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder



Please complete either option below:



Sworn to and subscribed before me by Carlos Dolis Banks this the 24 day of October 2024 to certify which, witness my hand and seal of office.

Signature of officer administering oath
 Printed name of officer administering oath
 Title of officer administering oath

(2) Unsworn Declaration

My name is _____ and my date of birth is _____
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____ (month) _____ 20____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

.. SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	<input type="checkbox"/>	\$
4.	SCHEDULE E: LOANS	<input type="checkbox"/>	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<input type="checkbox"/>	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<input type="checkbox"/>	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<input type="checkbox"/>	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<input type="checkbox"/>	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<input type="checkbox"/>	\$

MONETARY POLITICAL CONTRIBUTIONS

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 A1: _____

2 FILER NAME
3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	6 Contributor address; City; State; Zip Code
7 Amount of contribution (\$)		

8 Principal occupation / Job title (See Instructions) _____
9 Employer (See Instructions) _____

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code
Amount of contribution (\$)		

Principal occupation / Job title (See Instructions) _____
Employer (See Instructions) _____

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code
Amount of contribution (\$)		

Principal occupation / Job title (See Instructions) _____
Employer (See Instructions) _____

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code
Amount of contribution (\$)		

Principal occupation / Job title (See Instructions) _____
Employer (See Instructions) _____

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 CONTRIBUTIONS

SCHEDULE A2

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 A2:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

8 Amount of Contribution \$

9 In-kind contribution description

5 Date

6 Full name of contributor out-of-state PAC (ID#:

7 Contributor address: City: State: Zip Code

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)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date

Full name of contributor out-of-state PAC (ID#:

Contributor address: City: State: Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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.

LOANS

SCHEDULE E

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 E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender
 out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address:
 City: State: Zip Code

10 Interest rate

Y N

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 INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

Date of loan

Name of lender
 out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address:
 City: State: Zip Code

Interest rate

Y N

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address:
 City: State: Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- 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)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: *De las Soles Homes LLC*

4 Date: *April 28, 2013*

5 Payee name: *De las Soles Homes LLC*

6 Amount (\$): *\$3,885.73*

7 Payee address: *723 Rio Road Eagle Pass TX 78852*

8 (a) Category (See Categories listed at the top of this schedule) *Loan Repayment*
 (b) Description *Pay back to campaign.*

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____
 Office sought: _____
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE: _____

Date: *04-28-13*

Amount (\$): *\$800*

Category (See Categories listed at the top of this schedule) *Advertising Expense*
 Description: *pay back loan to campaign.*

PURPOSE OF EXPENDITURE: _____

Date: *10-28-11*

Amount (\$): *\$450*

Payee address: *1849 Ferry St. Eagle Pass TX 78852*

Payee name: *Universal Media Connection*

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

Payee address: _____

Payee name: _____

Category (See Categories listed at the top of this schedule) _____
 Description: _____

PURPOSE OF EXPENDITURE: _____

Date: _____

Amount (\$): _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Amount (\$)	Payee address: City: State: Zip Code
Date	Payee name
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Amount (\$)	Payee address: City: State: Zip Code
Date	Payee name
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Amount (\$)	Payee address: City: State: Zip Code
Date	Payee name
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)	4 Date 5 Payee name 6 Amount (\$)
7 Payee address: City: State: Zip Code	8

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

The instruction guide explains how to complete this form.

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Gift/Awards/Memorials Expense
- Food/Beverage Expense
- Fees
- Event Expense
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Travel In District
- Travel Out Of District
- Transportation Equipment & Related Expense
- Solicitation/Fundraising Expense
- Other (enter a category not listed above)
- Credit Card Payment
- Legal Services

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

- EXPENDITURE CATEGORIES FOR BOX 8(a)**
- Advertising Expense
 - Accounting/Banking Consulting Expense
 - Event Expense
 - Fees
 - Food/Beverage Expense
 - Gift/Awards/Memorials Expense
 - Legal Services
 - Loan Repayment/Reimbursement
 - Office Overhead/Rental Expense
 - Printing Expense
 - 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)
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME *Winter Garden* 3 Filer ID (Ethics Commission Filers)

4 Date *10-23-24* 5 Payee name *Winter Garden*

6 Amount (\$) *1,500* 7 Payee address: City: State: Zip Code

8 (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District	The instruction guide explains how to complete this form. Other (enter a category not listed above)	

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	

5 Date	6 Payee name	7 Amount (\$)	8 Payee address; City: State: Zip Code	9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/OH
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6 Date	Payee name	7 Amount (\$)	8 Payee address; City: State: Zip Code	9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/OH
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6 Date	Payee name	7 Amount (\$)	8 Payee address; City: State: Zip Code	9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/OH
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6 Date	Payee name	7 Amount (\$)	8 Payee address; City: State: Zip Code	9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/OH
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F3

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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

<p>1 Total pages Schedule F3: _____</p>	<p>The Instruction Guide explains how to complete this form.</p>
<p>3 Filer ID (Ethics Commission Filers) _____</p>	<p>2 FILER NAME _____</p>

<p>4 Date _____</p>	<p>5 Name of person from whom investment is purchased _____</p>
<p>6 Address of person from whom investment is purchased; _____ City: _____ State: _____ Zip Code _____</p>	<p>7 Description of investment _____</p>
<p>8 Amount of investment (\$) _____</p>	<p>9 Amount of investment (\$) _____</p>

<p>Name of person from whom investment is purchased _____</p>	<p>Date _____</p>
<p>Address of person from whom investment is purchased; _____ City: _____ State: _____ Zip Code _____</p>	<p>10 Description of investment _____</p>
<p>11 Amount of investment (\$) _____</p>	<p>12 Amount of investment (\$) _____</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee Contributors/Donations Made By
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The instruction guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date	6 Payee name	7 Amount (\$)	8 Payee address:	9 TYPE OF EXPENDITURE	10 PURPOSE OF EXPENDITURE	11 Complete ONLY if direct expenditure to benefit C/OH
			City: State: Zip Code	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (b) Description	<input type="checkbox"/> Check If travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense

6 Date	Payee name	7 Amount (\$)	8 Payee address:	9 TYPE OF EXPENDITURE	10 PURPOSE OF EXPENDITURE	11 Complete ONLY if direct expenditure to benefit C/OH
			City: State: Zip Code	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	Category (See Categories listed at the top of this schedule) Description	<input type="checkbox"/> Check If travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense

6 Date	Payee name	7 Amount (\$)	8 Payee address:	9 TYPE OF EXPENDITURE	10 PURPOSE OF EXPENDITURE	11 Complete ONLY if direct expenditure to benefit C/OH
			City: State: Zip Code	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	Category (See Categories listed at the top of this schedule) Description	<input type="checkbox"/> Check If travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME _____ 3 Filer ID (Ethics Commission Filers) _____

4 Date _____

5 Payee name _____

6 Amount (\$) _____

7 Payee address; _____

City: _____ State: _____ Zip Code _____

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Amount (\$) _____

Payee address; _____

City: _____ State: _____ Zip Code _____

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Amount (\$) _____

Payee address; _____

City: _____ State: _____ Zip Code _____

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- 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)

The instruction guide explains how to complete this form.

1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

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 schedule) (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / 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 schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / 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 schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address: City: State: Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE 1

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

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

The instruction guide explains how to complete this form.

<p>1 Total pages Schedule 1: 2 FILER NAME</p>	<p>3 FILER ID (Ethics Commission Filers)</p>
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<p>4 Date</p>	<p>5 Payee name</p>
<p>6 Amount (\$)</p>	<p>7 Payee address; City State Zip Code</p>
<p>8 PURPOSE OF EXPENDITURE</p>	<p>(a) Category (See instructions for examples of acceptable categories.)</p> <p>(b) Description (See instructions regarding type of information required.)</p>

<p>Date</p>	<p>Payee name</p>
<p>Amount (\$)</p>	<p>Payee address; City State Zip Code</p>
<p>PURPOSE OF EXPENDITURE</p>	<p>Category (See instructions for examples of acceptable categories.)</p> <p>Description (See instructions regarding type of information required.)</p>

<p>Date</p>	<p>Payee name</p>
<p>Amount (\$)</p>	<p>Payee address; City State Zip Code</p>
<p>PURPOSE OF EXPENDITURE</p>	<p>Category (See instructions for examples of acceptable categories.)</p> <p>Description (See instructions regarding type of information required.)</p>

<p>Date</p>	<p>Payee name</p>
<p>Amount (\$)</p>	<p>Payee address; City State Zip Code</p>
<p>PURPOSE OF EXPENDITURE</p>	<p>Category (See instructions for examples of acceptable categories.)</p> <p>Description (See instructions regarding type of information required.)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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

<p>1 Total pages Schedule K:</p>	<p>The Instruction Guide explains how to complete this form.</p>
<p>2 FILER NAME</p>	<p>3 Filer ID (Ethics Commission Filers)</p>

<p>4 Date</p>	<p>5 Name of person from whom amount is received</p> <p>6 Address of person from whom amount is received; City; State; Zip Code</p>	<p>7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</p>
<p>8 Amount (\$)</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</p>
<p>Amount (\$)</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</p>
<p>Amount (\$)</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</p>

<p>Amount (\$)</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</p>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder