

CANDIDATE / OFFICEHOLDER CRETARY CAMPAIGN FINANCE REPORTORTH, TX

FORM C/OH COVER SHEET PG 1

		Company of the last of the las				
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages fil	ed: 4
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	1 hvistophe	N	МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST)	82	SUFFIX		REC'D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	S. Hulen St.	Suite 124- Th,TX -	210	APR 25 '	25 PM 12:34
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	03-5272		TENSION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	iwvence		МІ	Receipt #	Amount \$
NAME	NICKNAME	Walker		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO, BOX PLEASE); APT / SI S Hules St 12	UITE #; 24-749	CITY; POYAWOYA	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 107-989	-	ENSION		
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	15th day af treasurer a (Officeholde	
,	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 3 /	Day Year / 2025	- THROUGH	Month A	Day Year / 23 / 6	2025
11 ELECTION	Month Day $\frac{5/3}{}$	Year Primary 2025 General	Runoff	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if knowr	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS . EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIF COMMITTEE NAME	MAY HAVE BEEN M	IADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	SS		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	topher Johnson	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)	\$ 300		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200 .00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
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	7		
(1) Affidavit	JANNETTE GOODALL Notary ID #129046183 My Commission Expires July 2, 2028			
NOTARY STAMP/SEAL				
g g	before me by Christopher Johnson this the	24 day of Pircel.		
20 <u>25</u> , to certify	which, witness my hand and seal of office.	Weary		
Signature of officer administe		Title of officer administering oath		
(2) Unawaya Daglayati	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is	·		
My address is		(a)		
Executed in	(street) (city) (s County, State of , on the day of (month	tate) (zip code) (country), 20) (year)		
	Signature of Candid	late/Officeholder (Declarant)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME Christopher Johnson 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Shirley Bryant 6 Contributor address; Schedule A1: City; State; Zip Code 7 Colos				
4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Shirley Bryant 6 Contributor address; City; State; Zip Code				
Shirley Bryant 100.00 6 Contributor address; City; State; Zip Code				
8 Principal occupation Job title (See Instructions) 9 Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) State; Zip Code 1634 E VIUKery blyd Firkwork Tx 7614				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) About Massey Contributor address; City; State; Zip Code 4729 Pine Ridge Liv Chwoth Tx 76123				
Principal occupation / Job title (See Instructions) Refived Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code				
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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dristoph Johnson	mmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. V SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 200.00
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 CO	\$ ~h	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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	n. 1 Total pages Schedule A2:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$			
5 Date 6 Full name of contributorout-of-state PAC (ID#: 7 Contributor address; City; State;	Zip Code 8 Amount of 9 In-kind contribution Contribution \$ description			
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#:	Amount of In-kind contribution description			
Contributor address; City; State;	Zip Code 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.

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule B: The Instruction Guide\explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code ___ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (IQ#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#: description Pledae \$ State; Zip Code Pledgor address; City; Check if travel outside of Texas, Complete Schedule T, Principal occupation / Job title (See Instructions) Employer (See nstructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#:_ description Rledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#: 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#: Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

'						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER	IAME			3 Filer ID (Ethic	s Commission Filers)
		\				,
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
	(a) \Box					
	(c)	Check if travel outside of Texas. Complete S	schedule I.		n, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame	\			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
				9		,
PURPOSE OF	Category	y (See Categories listed at the top of this	schedule)	Description		
EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
						
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
		9		,		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct	Candic	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OH		, cconduct name		Coo oougin		35
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 CATEG	ORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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 Other (enter a category not listed above)	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIC	GATIONS	\$	
5 Date	6 Payee name	λ		
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 this	schedule) (b) Description		
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	Political	Non-Political		
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 A	ustin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
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 .				
The 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; Cit	ty; 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; Cit	y; State; Zip Code			
Description of investment				
Amount of investment (\$)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPE	ENDITURE CAT	EGORIES	FOR BOX	10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	By Gift/Awards cal Committee Legal Servi	rage Expense s/Memorials Expense ices	Office Ov Polling E Printing E	Expense Wages/Contra	I Expense	Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense y not listed above)
The Instruction 0	Guide explains how to cor	mplete this form.		USE A NEW	PAGE FOR E	ACH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institution	on					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	Credit Card Issue	er Paid	
7 PAYEE	(a) Payee name		(b) Payee add	dress;	Cit	y, State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	lule)	(b) Descript	ion		
Political Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.		Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	Credit Card Issue	er Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sched	lule)	(b) Descript	ion		
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	A	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	iame	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	Credit Card Issue	er Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Descript	ion		
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.		Check if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought		Office Held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	\			
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 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				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sche	(b) Description		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Sched		, 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	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	edule) Description		
EXPENDITORE	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		,	
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended		· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	edule) Description		
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin	n, 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				

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

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Cod/Beverage Expense Food/Beverage Expense Food/Memorials Expen	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name	2			
6 Amount (\$)	7 Business address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description			
	(c) Check if travel outside of Vexas. Complete Schedu	ule T. Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	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 sched	Description			
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description			
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	, VX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	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 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

\			
The Instruction Guide explains how to complete this form.	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	8 Amount (\$)te; 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 Address of person from whom amount is received; City; Sta	Amount (\$) ate; 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; Star	tte; 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; Sta	ate; Zip Code		
Purpose for which amount is received Check if	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE T

ii tile requested ii	mormandii	is not applicable, DO NOT	include this page	in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:				
2 FILER NAME				3 Filer ID (Ethics Commission	on Filers)	
4 Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	diture reporte	don:				
		\				
☐ Schedule A2	_	\		Schedule D	Schedule F1	
Schedule F2		edule F4 \ Schedule G	Schedule H	Schedule COH-UC [Schedule B-SS	
6 Dates of travel	7 Name o	f person(s) traveling				
	8 Departu	re city or name of departure loca	ation			
	9 Destination city or name of destination location					
10 Means of transportat	ion	11 Purpose of travel (including	g name of conference,	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	diture reporte	d on:				
Schedule A2		edule B Schedule B(J)	Schedule C2		¬	
				Schedule D	Schedule F1	
☐ Schedule F2	∐ Sch	edule F4	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						
30 00 00 00 00 00 00 00 00 00	See State 19 See See See See See See See See See Se		on a see 💆			
Contribution / Expend	diture reporte	d on:				
Schedule A2	Sched	ule B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sched		Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name o	f person(s) traveling				
	Departu	re city or name of departure loca	ation			
		,				
	Destina	ion city or name of destination I	ocation			
Means of transportat	ion	Purpose of travel (including	g name of conference,	seminar, or other event)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT:

	DESIG	GNATION 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 "Finall	Report" ••
1	C/OH NAM	ME 2	2 Filer ID (Ethics Commission Filers)
3	SIGNATU	JRE /	
	designating	spect any further political contributions or political expenditures in connection with my g a report as a final report terminates my campaign treasurer appointment. I also und contributions or make any campaign expenditures without a campaign treasurer appo	derstand that I may not accept any
		Signature	of Candidate / Officeholder
4		HO IS NOTAN OFFICEHOLDER ete A & B below <i>only</i> if you are not an officeholder	
	A. C	EAMPAIGN FUNDS	
	Check o	only one:	
		do not have unexpended contributions or unexpended interest or income earned from	n political contributions.
	m pe ur fil	have unexpended contributions or unexpended interest or income earned from political and not convert unexpended political contributions or unexpended interest or income ersonal use. I also understand that I must file an annual report of unexpended connexpended contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political others or income earned on political contributions in accordance with the requirements	e earned on political contributions to ntributions and that I may not retain outions longer than six years after I contributions and unexpended
	B. A	SSETS	
	Check o	only one:	
		do not retain assets purchased with political contributions or interest or other income	from political contributions.
	th pe	do retain assets purchased with political contributions or interest or other income from nat I may not convert assets purchased with political contributions or interest or other is ersonal use. I also understand that I must dispose of assets purchased with political equirements of Election Code, § 254.204.	income from political contributions to
		Sig	gnature of Candidate
5	OFFICEH Comple	OLDER ete this section <i>only</i> if you are an officeholder ••	
	file	am aware that I remain subject to filing requirements applicable to an officeholder who does. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	fter filing the last required report as
		Sigr	nature of Officeholder



Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

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

	OFFICE USE ONLY			
	Date Received			
	Date Hand-delivered or Date Postmarked			
	Receipt #	Amount \$		
	Date Processed			
	Date Imaged			
ontributions or made				
re	rent records of political			

OFFICE HOF ONLY

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.

Filer ID #

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

(1) Affidavit Signature of Filer NOTARY STAMP/SEAL Sworn to and subscribed before me by this the _____ day of ___ _, 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) (zip code) (country) Executed in _ County, State of (month) (year) Signature of Filer (Declarant)

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

Please complete either option below: