

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR FIRST Lorenzo NICKNAME Hernandez LAST SUFFIX JR | MI | OFFICE USE ONLY Date Received CITY SECRETARY'S OFFICE Received OCT 9 2012 Date Hand-delivered or Postmarked all 10/9/12 Receipt # HARLINGEN, TX Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX 4202 S. "F" Street, Harlingen, TX 78552 APT / SUITE # CITY STATE ZIP CODE | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) PHONE NUMBER 244-7717 EXTENSION --- | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR FIRST Domingo NICKNAME Gutierrez LAST SUFFIX | MI | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE) 310 N. McCulloch St., San Benito, TX 78586 APT / SUITE # CITY STATE ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) PHONE NUMBER 399-5453 EXTENSION --- | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month: 8 / Day: 9 / Year: 2012 THROUGH Month: 10 / Day: 8 / Year: 2012 | | |
| 11 ELECTION | ELECTION DATE: Month: 11 / Day: 6 / Year: 2012 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) N/A | 13 OFFICE SOUGHT (if known) District #3 City Commissioner (Harlingen) | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: _____ Address / PO Box: _____ Apt / Suite #: _____ City: _____ State: _____ Zip Code: _____ | | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

| | |
|--------------|--|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filer) |
|--------------|--|

17 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|---|--|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|--|

additional pages

| | | | |
|-------------------------|---|--|------------|
| 18 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS) UNLESS ITEMIZED | \$ — |
| | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS) | \$ 1015.96 |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED | \$ 0 |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$ 467.10 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 548.86 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

19 AFFIDAVIT

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.

Lorenzo Hernandez Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Lorenzo Hernandez Jr this the 8 day of October 20 12 to certify which witness my hand and seal of office

Elida Cortez Elida Cortez Officer
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A <u>1</u> | |
| 2 FILER NAME <u>Lorenzo Hernandez</u> | | 3 ACCOUNT # (Ethics Commission Filers) _____ | |
| 4 Date <u>9-24-12</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Tony Chapa</u> | 7 Amount of contribution (\$) <u>100.00</u> | 8 In-kind contribution description (if applicable) _____ |
| 6 Contributor address, City, State, Zip Code <u>1721 Hickory Ct, Harlingen, TX 78550</u> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <u>Retired</u> | | 10 Employer (See Instructions) _____ | |
| Date <u>8-31-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rosalinda Ramirez</u> | Amount of contribution (\$) <u>100.00</u> | In-kind contribution description (if applicable) _____ |
| Contributor address, City, State, Zip Code <u>11697 Pelicano Dr. Apt. 1714 EL Paso, TX 79936</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <u>Organizing Specialist</u> | | Employer (See Instructions) <u>Texas State Teachers Association</u> | |
| Date <u>8/24/12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lorenzo Hernandez</u> | Amount of contribution (\$) <u>100.00</u> | In-kind contribution description (if applicable) _____ |
| Contributor address, City, State, Zip Code <u>4202 S. "F" Street, Harlingen, TX 78552</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <u>Head Custodian</u> | | Employer (See Instructions) <u>Harlingen CISD</u> | |
| Date <u>10-6-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rudy Martinez/Sylvia Martinez</u> | Amount of contribution (\$) <u>500.00</u> | In-kind contribution description (if applicable) _____ |
| Contributor address, City, State, Zip Code <u>15941 Drury Ln, Harli TX 78552</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <u>President-Rudy / Teacher Sylvia</u> | | Employer (See Instructions) <u>Earthco Rudy / Harlingen C.S.D Sylvia</u> | |
| Date <u>9-2-12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Domingo Gutierrez</u> | Amount of contribution (\$) <u>215.96</u> | In-kind contribution description (if applicable) _____ |
| Contributor address, City, State, Zip Code <u>310 N. McCulloch St, San Benito, TX 78586</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <u>teacher</u> | | Employer (See Instructions) <u>Harlingen CISD</u> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

| | | | |
|---|--|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address City State Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

| | | | |
|---|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

| | | | |
|---|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

| | | | |
|---|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

| | | | |
|---|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |
| (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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ↕ ↕ ↕ ↕ ↕ ↕ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address, City, State, Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor | 18 Amount Guaranteed (\$) |
| | 17 Guarantor address, City, State, Zip Code | |
| 19 Principal Occupation (See Instructions) | | 20 Employer (See Instructions) |
| Date of loan | Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address, City, State, Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address, City, State Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F 1 | 2 FILER NAME Lorenzo Hernandez | 3 ACCOUNT # (Ethics Commission Filer) |
| 4 Date 10-1-12 | 5 Payee name Tino Maldonado / M5 Designs | |
| 6 Amount (\$) 251.14 | 7 Payee address, City, State, Zip Code 1405 S. Palm Court Dr. Harlingen, TX 78552 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing expenses | (b) Description (if travel outside of Texas, complete Schedule T) _____ |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name ____ Lorenzo Hernandez Jr | Office sought Harlingen District 3 Commissioner Office held |
| Date 9-2-12 | Payee name Chuy's Customs | |
| Amount (\$) 215.96 | Payee address, City, State, Zip Code 160 E. Stenger St. San Benito, TX 78586 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing expenses | Description (if travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Lorenzo Hernandez JR | Office sought Harlingen District 3 Commissioner 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 (if travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> 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 (if travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule G <i>1</i> | 2 FILER NAME <i>Lorenzo Hernandez JR</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>_____</i> |
| 4 Date <i>8-24-2012</i> | 5 Payee name <i>Lorenzo Hernandez JR</i> | |
| 6 Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address, City, State, Zip Code <i>4202 S "F" Street, Harlingen, TX 78552</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Banking</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>_____</i> |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | 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 ACCOUNT # (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 (if travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 (if travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 (if travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 (if travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> 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

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|--|---|
| 1 Total pages Schedule I | 2 FILER NAME | 3 ACCOUNT # (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 (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE K

| | | |
|---|--------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payor name | 8 Amount (\$) |
| | 6 Payor address, City State Zip Code | |
| | 7 Reason for credit | |
| Date | Payor name | Amount (\$) |
| | Payor address, City State Zip Code | |
| | Reason for credit | |
| Date | Payor name | Amount (\$) |
| | Payor address, City State Zip Code | |
| | Reason for credit | |
| Date | Payor name | Amount (\$) |
| | Payor address, City State Zip Code | |
| | Reason for credit | |
| Date | Payor name | Amount (\$) |
| | Payor address, City State Zip Code | |
| | Reason for credit | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 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 | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 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 | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 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: 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 ACCOUNT # (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