

# 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 # <small>(Ethics Commission Files)</small> <b>82509891</b>	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <b>Gornals</b> MI <b>R.</b> NICKNAME <b>Jimmy</b> LAST <b>PROPUSCHAL</b> SUFFIX <b>JR.</b>	OFFICE USE ONLY Date Received <b>CITY SECRETARY'S OFFICE</b> <b>Received</b> <b>OCT 9 2012</b> Date Handled, Verified or Postmarked <b>HARLINGEN, TX</b> <i>all</i> Receipt # <b>10/9/12</b> Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>722 N. EYB ST. HARLINGEN TX 78550</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 873-0432</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <b>RUBEN</b> MI <b></b> NICKNAME <b>RUBEN</b> LAST <b>DELAROSA</b> SUFFIX <b></b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>713 S. M. JACOT HARLINGEN TX 78550</b> <b>HARK</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 622-9910</b>		
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 Day Year    THROUGH    Month Day Year <b>8 / 27 / 12</b> <b>10 / 9 / 12</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>11 / 06 / 12</b>		
12 OFFICE	OFFICE HELD (if any) <b>Commissioner District 4</b>	13 OFFICE SOUGHT (if known) <b>Commissioner District 4</b>	
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		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME GERALD R. PROPOSCHAL JR. 16 ACCOUNT # (Ethics Commission Filer) 82502891

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

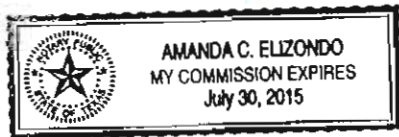
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ <u>                    </u>
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4710.00</u>
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ <u>                    </u>
	4	TOTAL POLITICAL EXPENDITURES	\$ <u>2064.13</u>
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2645.57</u>
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>                    </u>

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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Gerald R. Propeichal this the 9th day of October 20 12 to certify which witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Secretary  
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 <b>3</b>	
2 FILER NAME <b>Gerald R. Propejchal</b>		3 ACCOUNT # (Ethics Commission Filer) <b>82509891</b>	
4 Date <b>9/7/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Eloy Ayila</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip Code <b>7717 S. SALINAS BLVD DONNA TEXAS 78537</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/28/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JOHN JAY SANCHEZ</b>	Amount of contribution (\$) <b>\$560.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>26474 PALOMINO LA FERIA TX 78559</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/1/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ANNA JAMAÑILLO</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>1424 LINCOLN HARLINGEN TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/6/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ERNESTO SILVA</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>1118 SOUTH D. STREET HARLINGEN TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/7/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>RUDY MARTINEZ SYLVIA MARTINEZ</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>15841 DRURY LANE HARLINGEN TX 78552</b>		(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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <span style="font-size: 2em; font-weight: bold;">3</span>	
2 FILER NAME <span style="font-size: 1.2em;">Gerald R. Prepejchal</span>		3 ACCOUNT # (Ethics Commission Filers) <span style="font-size: 1.2em;">82509891</span>	
4 Date <span style="font-size: 1.2em;">8/27/12</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# <span style="font-size: 1.1em;">ALBERT SALINAS AMANDA L. OLIVARIZ</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$250.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip Code <span style="font-size: 1.1em;">3101 PINEHURST CIRCL HOUSTON TX 78550</span>		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/28/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# <span style="font-size: 1.1em;">LONNIE DAVIS</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$250.00</span>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <span style="font-size: 1.1em;">2314 ANN ARBOR HOUSTON TX 78550</span>		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/19/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# <span style="font-size: 1.1em;">DANYA OLIVARIZ</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$250.00</span>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <span style="font-size: 1.1em;">926 E. LANTANA DR. HOUSTON TX 78550</span>		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/7/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# <span style="font-size: 1.1em;">FRANK MORALES</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$800.00</span>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <span style="font-size: 1.1em;">1026 S. 6<sup>TH</sup> HOUSTON TX 78550</span>		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/7/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# <span style="font-size: 1.1em;">JAVIER VILLALBA</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$500.00</span>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <span style="font-size: 1.1em;">814 FULERTON MCALLEN TX 78504</span>		<small>(If travel outside of Texas, complete Schedule T)</small>	
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <b>3</b>	
2 FILER NAME <b>Gerald R. Prepejchal</b>		3 ACCOUNT # (Ethics Commission Filers) <b>82509891</b>	
4 Date <b>9/19/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ROBERT R. AARIS</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip Code <b>P.O. Box 1830 Harlingen TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/19/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Alex HINOJOSA SR.</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address City State Zip Code <b>5729 W. BUSINESS #83 Harlingen, TX 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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.

# 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)			

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**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 <b>2</b>		2 FILER NAME <b>GERALD R. PROPOSCHAL JR.</b>		3 ACCOUNT # (Ethics Commission Filer) <b>82509891</b>	
4 Date <b>9/9/12</b>		5 Payee name <b>SOUTHERN STAR</b>			
6 Amount (\$) <b>\$75.00</b>		7 Payee address City State Zip Code <b>11302 SOUTH T HARLINGEN</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CONTRIBUTIONS / DONATIONS</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>GERALD R. PROPOSCHAL JR.</b>		Office sought <b>Commission District 4</b>	
Date <b>8/8/12</b>		Payee name <b>MS Designs</b>			
Amount (\$) <b>\$1152.86</b>		Payee address City State Zip Code <b>424 W. HARRISON HARLINGEN TX 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>GERALD R. PROPOSCHAL JR.</b>		Office sought <b>Comm. District 4</b>	
Date <b>9/24/12</b>		Payee name <b>MS Designs</b>			
Amount (\$) <b>\$568.31</b>		Payee address City State Zip Code <b>424 W. HARRISON HARLINGEN TX 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>GERALD R. PROPOSCHAL JR.</b>		Office sought <b>Comm. 4</b>	
Date <b>9/29/12</b>		Payee name <b>PRINT PLACE . COM</b>			
Amount (\$) <b>268.26</b>		Payee address City State Zip Code <b>26474 PALOMINO AVE. LA FERIA TX 78559</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>GERALD R. PROPOSCHAL JR.</b>		Office sought <b>Comm. 4 District</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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)

**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 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       | 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

<b>1</b> Total pages Schedule G	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address City State Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address City State Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address City State Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address City State Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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.

<b>1</b> Total pages Schedule H	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address: City State Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (if travel outside of Texas, complete Schedule T)
<b>9</b> 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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filer)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address      City    State    Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</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	

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# 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 Payor address City State Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address City State Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address City State Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address City State Zip Code Reason for credit	Amount (\$)

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# 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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		