CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 21 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** Ionathan F.B. Mr. NAME Date Received LAST NICKNAME SUFFIX 3 4 Hansen 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** 5151 Richmond Avenue #196 MAILING **ADDRESS** Houston, TX 77056 Change of Address AREA CODE PHONE NUMBER CANDIDATE/ EXTENSION OFFICEHOLDER Date Hand delive (713) 659-9613 PHONE MS / MRS / MR CAMPAIGN Receipt # **TREASURER** Mr. F.B. Jonathan NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Hansen STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE 7 CAMPAIGN TREASURER 219 Plaza Del Sol Park, Houston, TX 77020 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (713) 659-9613 PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD Month Year COVERED 01 2015 10 29 2015 07 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runott Other Description Year **▼** General Special 11 / 03 / 2015 13 OFFICE SOUGHT (If known) OFFICE HELD (If any) 12 OFFICE **Houston City Council** At-Large Position 4 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	onathan Hans	sen 1	5 Filer ID (Ethics Commission Filers)				
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	GENERAL COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,645.00				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED	\$				
	4. TOTAL	POLITICAL EXPENDITURES	\$5,171.67				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (ORTING PERIOD	\$ 473.33				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	\$0.00				
18 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							
AFFIX NOTARY STAM	August 22, 2018		lidate ar Officeholder				
Sworn to and subsci	4 6	by the said <u>Candidate</u> to certify which, witness my hand and seal of office.	, this the _3o4h				
Symloper	fefel	SUREKHA POTEZ	NoTHEY				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	mmiss	sion Filers)				
21		JLE SUBTOTALS F SCHEDULE		principal de la companya de la comp	SUBTOTAL AMOUNT		
٦.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$5,645.00		
2.	V	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3.	V	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	V	SCHEDULE E: LOANS		\$	0.00		
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	✓	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7.	✓	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00		
8.	V	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9,	V	IDS	\$	0.00			
10,	V	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	4	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	V	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	IONS	\$	0.00		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 1 of 6 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jonathan Hansen 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Quintero, Greg 07/07/15 City; State; Zip Code \$100.00 6 Contributor address; 1520 Blodgett Street, Houston, TX 77004 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Gensler Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Barbee, David 07/16/15 Contributor address; \$250.00 City; State; Zip Code 6027 South Rice Avenue, Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired N/AFull name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Wagner, Frederick 08/06/15 \$100.00 Contributor address; City; State; Zip Code 9839 Vogue Ln., Houston, TX 77080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Office of Frederick J. Wagner Attorney and Mediator Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#; Pavalock, Ann 08/26/15 \$25.00 Contributor address; City; State; Zip Code 12719 Oakfield Dr., Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jonathan Hansen 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Soliz, Itze City; State; Zip Code \$25.00 8/26/15 6 Contributor address; 901 Richmond Avenue #200, Houston, TX 77006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-employed Attorney Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Wagner, Frederick J. 8/26/15 \$50.00 Contributor address; City; State; Zip Code 9839 Vogue Lane, Houston, TX 77080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Office of Frederick J. Wagner Attorney and Mediator Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Lampe, Charlotte \$500.00 8/26/15 Contributor address; City; State; Zip Code 11110 North Eldridge Parkway, Houston, TX 77065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Charlotte L. Lampe Interiors Interior Designer Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Busby, Christopher 8/26/15 Contributor address; \$25,00 Gity; State; Zip Code 3611 Stanford Street #16, Houston, TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professional Educator Houston ISD ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 3 of 6 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jonathan Hansen 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: Foshee, Jon-Michael 8/26/15 \$175.00 6 Contributor address; City; State; Zip Gode 2908 Meadow Lane, El Campo, TX 77437 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-employed Screenwriter Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Roberts, Marco Antonio and Michael Alberts \$50.00 8/26/15 Contributor address; City; State; Zip Code 522 Leverkuhn Street, Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Systems Consultant ADP Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Petersen, Ronald \$120.00 Contributor address; 8/26/15 City; State; Zip Code 12800 Briar Forest Drive, Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#; Quintero, Greg 8/26/15 \$100.00 Contributor address: City; State; Zip Code 1520 Blodgett Street, Houston, TX 77004 Employer (See Instructions) Principal occupation / Job title (See Instructions) Gensler Architect ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 4 of 6 The Instruction Guide explains how to complete this form. 3 Flier ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Rampp, Brad \$25.00 08/26/15 6 Contributor address; City; State; Zip Code 7676 Phoenix Dr. #1102, Houston, TX 77030 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Professional Educator** Pasadena ISD Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Hansen, Daniel 08/26/15 \$100.00 Contributor address; City; State; Zip Code 2118 Forest Oaks, Houston, TX 77017 Employer (See Instructions) Principal occupation / Job title (See Instructions) **NRG** Engineer Full name of contributor aut-of-state PAC (ID#: Date Amount of contribution (\$) Bernstein, Matthew 08/26/15 Contributor address; \$50.00 City; State; Zip Code 4751 Aftonshire Dr. #4, Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Elder, Ramsay 09/08/15 Contributor address: \$50.00 City; State; Zip Code 2817 Tangley Rd, Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Accountant ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 5 of 6 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jonathan Hansen 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:__ LAN-PAC 09/01/15 \$250.00 6 Contributor address; City; State; Zip Code 2925 Briarpark Dr., 4th Fl., Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (!D#:_ Date Amount of contribution (\$) Heathcock, Glenn Contributor address; City; State; Zip Code \$50.00 9/21/15 6102 Magnolia St., Katy, TX 77493 Employer (See Instructions) Principal occupation / Job title (See Instructions) N/A N/A Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Hayes, Daniel 9/22/15 \$1,000.00 Contributor address; City; State; Zip Code 1704 5th Street, Bay City, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hayes & Pendergraft Attorney Date Full name of contributor Out-of-state PAC (ID#; Amount of contribution (\$) Lowe, Jim and Gail 10/06/15 \$100.00 Contributor address; City; State; Zip Code 11 Chris Avenue, Lampasas, TX 76550 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Publishers** Lampasas Dispatch-Record ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 6 of 6 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jonathan Hansen 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#:_ Grimes, Windi 6 Contributor address; \$2,500.00 City; State; Zip Code 10/12/2015 3310 W Main St, Houston, TX 77098 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A Retired Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ___ out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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 SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 9 In-kind contribution Amount of 5 Date 6 Full name of contributor ut-of-state PAC (ID#:_ Contribution \$. description City; State; Zip Code 7 Contributor address; Check if travel outside of Texas, Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 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) Amount of In-kind contribution Date Full name of contributor | out-of-state PAC (ID#:_ Contribution \$ description City; State; Zip Code Contributor address; Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (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.

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$. 9 In-kind contribution 5 Date 6 Full name of pledgor out-of-state PAC (ID#:__ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (iD#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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 compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED 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; 5	State; Zip Code	10 Interest rate		
Y N			11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable 20 Principal Occupat		State; Zip Code 21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state l	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City; 5	State; Zip Code	Interest rate		
Institution? Y			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colli	ateral	Check if personal funds were	deposited into political		
none		account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City; 5	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If for	ATTACH ADDITIONAL COI ender is out-of-state PAC, please see in:	PIES OF THIS SCHEDULE AS NE struction guide for additional re			

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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rantal Expense Polling Expense Frinting 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1: 1 of 1	2 FILER NAME Jonathan Hansen		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2015	5 Payee name UZ Marketing			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,927.72	6401 Bingle Rd Ste 116, Houston	, TX 77092		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	.		utside of Texas. Complete Schedule T. 1, TX, officeholder flying expense	
OF EXPENDITURE	Printing Expense	CHECK II Austri	, IX, directions living asperior	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Jonathan Hansen for Houston City Council At-Large l	Position 4		
Date	Payee name			
10/22/15	Democracy Engine, LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$93.95	2125 14th St NW, Washington, DO	20009		
A-N-N-	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	177	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	Fees	Check it Austri,	, tx, bhiceholder living expense	
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Jonathan Hansen for Houston City Council At-Large I	Position 4		
Date	Payee name			
10/25/2015	Facebook, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,150.00	1 Hacker Way, Menlo Park, CA 9	4025		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	A CONTRACTOR OF THE CONTRACTOR	[]	tside of Texas, Complete Schedule T.	
EXPENDITURE	Advertising Expense	La Gneck it Austin,	, TX, officeholder living expense	
Continuation				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Jonathan Hansen for Houston City Council At-Large F	osition 4		
	ATTACH ADDITIONAL CORIES OF THIS	SCHEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Award	arage Expense is/Memorials Expense	Loan Repayment Office Overhead. Polling Expense Printing Expense Salaries/Wages/	Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
		The Ins	truction Guide explai	ns how to compl	ete this form.	
1	Total pages Schedule F2:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITER	IZED UNPAID IN	ICURRED OBLI	GATIONS		\$
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 Cat	egories listed at the top of th	is schedule)	(b) Description	on
	PURPOSE				Check	if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE				Check	If Austin, TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fficeholder name	Office	sought	Office held
	Date	Рауее пате				
	Amount (\$)	Payee address;	City; State;	Zip Code		
(), <u></u>	TYPE OF EXPENDITURE	Political		Non-Political		
	PURPOSE	Category (See Cal	egories listed at the top of th	is schedule)	Descripti Check I	ON f travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE				Check	If Austin, TX, officeholder living expense
	Complete ONLY If direct expenditure to benefit C/OF		fficeholder name	Office	sought	Office held
		ATTACH ADDI	TIONAL COPIES C	F THIS SCHE	DULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

ТІ	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; 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; City	; State; Zip Code
ı	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Constions Made By Candidate/Officeholder/Political Committee 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)

	The instruction Guide explains how to complete	this form.						
1 Total pages Schedule F4:	2 FILER NAME	3 Filer 1D (Ethics Commission Filers)						
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$							
5 Date	6 Payee name							
7 Amount (\$)	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)	Description						
PURPOSE OF EXPENDITURE		Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office son ਜੰ	ught Office held						
Date	Payee name							
Amount (\$)	Payee address; City; State; Zip Code							
TYPE OF EXPENDITURE	Political Non-Political							
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.						
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office soi	ught Office held						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other fenter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Catagory (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$) Relimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit G/G	Candidate / Officeholder name DH	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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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
Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense Prical Committee Legal Services Sa The instruction Guide explains ho	inting Expense plaries/Wages/Contract Labor ow to complete this form.	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		
6 Amount (\$)	7 Business address; City; State; Zip Co	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if travel outside of	of Texas. Complete Schedule T. 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 Ce	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outside of	of Texas. Complete Schedule T. officeholder Ilving 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 Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE!	DED

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; Zlp 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.)				

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

SCHEDULE K

i			
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	·
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to flier
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

ļ									
The Instruction Guide explains how to complete this form.					is form.	1 Total pages Schedule T:			
2	FILER NAME	Makanan Makanan Anggarapa kanan yang mengangan sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai				3 Filer ID (Ethics Commission Filers)			
4	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5	Contribution / Expend	liture reported	i on:						
-	Schedule A2	-	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	Schedule F2	 1	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6	6 Dates of travel 7 Name of person(s) traveling								
		8 Departu	re city or n	ame of departure locat	lon				
		9 Destinat	ion city or	name of destination lo	cation				
10	Means of transportati	on	11 Purpo	se of travel (including	name of conference, s	eminar, or other event)			
	Name of Contributor	Corporation	or Labor C	Prganization / Pledgor /	Payee				
 	Contribution / Expend	iture reported	l on:	~~~					
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
	Dates of travel	Name o	f person(s) traveling					
		Departu	re city or n	ame of departure locat	on				
		Destinat	ion city or	name of destination lo	cation				
	Means of transportati	on	Purpo	se of travel (including	name of conference, s	eminar, or other event)			
	Name of Contributor /	Corporation	or Labor C	rganization / Pledgor /	Рауее				
	Contribution / Expend	live repeated	~ ~ T						
	Schedule A2			Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	Schedule F2	,	dule F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
	Taipana		~		C) ochedule H	Scriedule CON-OC El Scriedule 5-33			
	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)				eminar, or other event)					
and the second s	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								