CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST		OFFICE USE ONLY Date Received
	FRIST	SUFFIX	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C PO BOX 2511 VI	toria TX 77902	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 676 4090	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Gene	ML	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Migura		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 105 Kreekview	_	ZIP CODE 77904
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 576 982	EXTENSION	
9 REPORT TYPE	January 15 30th day before ela		15lh day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec		Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7//////5	Month THROUGH	Day Year 31 / 15
11 ELECTION			· ·
	Month Day Year Prilmary	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	
	County Court@Lai	J	
	GO TO I	PAGE 2	

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
1	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	1 Total pages Schedule A2	:				
2 FILER NAME	3 Filer ID (Ethics Commiss	ion Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$					
5 Date 6 Full name of contributor 🗌 out-of-state PAC (ID#:		n-kind contribution escription				
7 Contributor address; City; State; Zip Co	· ·					
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(Si	exas. Complete Schedule T. ee Instructions)				
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIA	L)(See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if a	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#:		n-kind contribution escription				
Contributor address; City; State; Zip Co	· ·	ж.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(Se					
	· · · · · · · · · · · · · · · · · · ·					
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)	ин т. т. т. т. т					
ATTACH ADDITIONAL COPIES OF		rements.				

LOANS

7

SCHEDULE E

The	1 Total pages Schedule E:			
2 FILER NAME			3 Filter ID (Ethics Commission Filters)	
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	t <u> </u>	
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 (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable	N 7 *			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender 🔲 out-of-state	PAC (ID#:)	Loan Amount (\$)	
is lender a financial institution?	Lender address; City;	State; Zlp Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were a account (See Instructions)	deposited into political	
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re		

UNPAID INCURRED	OBLIGATIONS
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SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead Polling Expense Printing Expense Salarles/Wages	e /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 expla	ins how to compl	ete this form.		
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)	
	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$					
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address; City; State;	Zlp Code			
				. : . i		
9 TYPE OF EXPENDITURE	ı [1	Political	Non-Political			
10	(a) Catego	ry (See Categories listed at the top of t	his schedule)	(b) Descriptio	n .	
PURPOSE				Check if	travel outside of Texas, Complete Schedule T,	
OF EXPENDITURE				Check i	f Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OF	H 	didate / Officeholder name	Office	sought	Office held	
Date	Payee	name [,]				
Amount (\$)	Payee address; Clty; State; Zlp Code					
TYPE OF EXPENDITURE	F	Political	Non-Political	~		
	Catego	ry (See Categories listed at the top of t	nis schedule)	Descriptio		
PURPOSE					travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE				Check li	f Austin, TX, officeholder Ilving expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Condidate / Officeholder name Office sought Office held						
	ΑΤΤΑΟ	HADDITIONAL COPIES (OF THIS SCHE	DULE AS NEI	EDED	
Forms provided by Texas Ethic	os Commissio	n www.ethic:	s.state.tx.us		Revised 9/8/2015	

EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4			
	EXPENDITURE CATEGORIES FOR BOX 10(a)	· · · · · · · · · · · · · · · · · · ·			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Ny Glift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Polítical Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zlp Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE		ท Iravel outside of Texas, Complete Schedule T. f Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	EDED			

Forms provided by Texas Ethics Commission

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		Legal Service	je Expense 1emorials Expense s	Office (Polling Printing Salaries	apayment/Relmbursement Sverhead/Rental Expense Expense Expense s/Wages/Contract Labor o complete this form.	Travel In District Travel Out Of Distr	Ipment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME	*****			3 Filer ID (Eth	cs Commission Filers)
4 Date	5 Business	name				• · ·	
6 Amount (\$)	7 Business	address;	Clty; State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories	listed at the top of this	s schedule) (Check if travel outside	of Texas. Complete Sched , officeholder living exp	
9 Complete ONLY If direct expenditure to benefit C/O		ate / Officeho	older name	ŧ	Office sought		Office held
Date	Business	name				· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Business	address;	Clty; State;	Zip Code		п,	
PURPOSE OF EXPENDITURE	Category	(See Categories	listed at the top of this	s schedulø)	F 1	of Texas. Complete Sched , officeholder living expa	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeho	older name		Office sought		Office held
Date	Business	name					
Amount (\$)	Business	address;	City; State;	Zlp Code			
PURPOSE OF EXPENDITURE	Category	(See Categories	listed at the top of this	s schedule)		of Texas. Complete Sched , officeholder living expe	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought		Office held
	ATT	ACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED	

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

SCHEDULE K

The	dule K:					
2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Date	5 Name of person from whom amount is received	1	8 Amount (\$)			
	6 Address of person from whom amount is received; City; State;	Zlp Gode	•			
•	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	ý			
	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	colitical contribution i	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 r	eturned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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		The Ir •• Complete or	nstruction Guide explains how t nly if "Report Type" on page	o complete this form. 1 is marked "Final Report" ••
1 C,	/OH N	AME	,, , <u>, , , , , , , , , , , , , , , , ,</u>	2 Filer ID (Ethics Commission Filers)
3 S	IGNA	TURE		<u> </u>
in	ig a re	port as a final report terminates		connection with my candidacy. I understand that designat- ent. I also understand that I may not accept any campaign asurer appointment on file.
		_		Signature of Candidate / Officeholder
		WHO IS NOT AN OFFICEH plete A & B below <i>only</i> if you		
A.		CAMPAIGN FUNDS		1 0
	Checl	conly one:		
		I do not have unexpended con	tributions or unexpended interest of	or income earned from political contributions.
		may not convert unexpended personal use. I also understa unexpended contributions or ur this final report. Further, I under	political contributions or unexpendent and that I must file an annual rep nexpended interest or income earn erstand that I must dispose of une	me earned from political contributions. I understand that I ded interest or income earned on political contributions to ort of unexpended contributions and that I may not retain led on political contributions longer than six years after filing expended political contributions and unexpended interest or equirements of Election Code, § 254.204.
В.		ASSETS		
	Checi	only one:		
		I do not retain assets purchase	d with political contributions or inte	erest or other income from political contributions.
		that I may not convert assets p	urchased with political contribution ad that I must dispose of assets pu	t or other income from political contributions. I understand ns or interest or other income from political contributions to urchased with political contributions in accordance with the
				Signature of Candidate
r		EHOLDER plete this section <i>only</i> if you	are an officeholder	······································
[file. I am also aware that I will be officeholder, I retain political cont	required to file reports of unexpend	an officeholder who does not have a campaign treasurer on ded contributions if, after filing the last required report as an from political contributions, or assets purchased with politi- itions.
				Signature of Officeholder