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. MS MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Μ NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # CITY ZIP CODE STATE OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount S 6 CAMPAIGN FIRST **TREASURER** aura Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): CAMPAIGN APT / SUITE #; STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15lh day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Other Description Runoff Month General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	
15 C/OH NAME	loebe Elkins	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLED STANDARD) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ Ø
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ DY
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	* THE \$ 1
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	uired to be reported by me under Title 15, Election Code.	
	Signature of Ca	ndidate or Officeholder
	orginate of ou	made or officeriology
	Please complete either option below	
	riease complete ettier option belon	'
	CATH	HERINE MONTALVO
(1) Affidavit	MY CO	PUBLIC STATE OF TEXAS MM. EXP. 09/18/2025
	NOTA NOTA	ARY ID 12956312-2
NOTARY STAMP/SEAL Sworn to and subscribed	before me by Phoebe Elkins this the	28 day of April.
13 13		
20, to certify	which, witness my hand and seal of office.	accopant Office Consider
L	<u>Carrierine mon and Si</u>	arerury, ortice superinvent
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering path
	OR	
(2) Unsworn Declaration	on	
(-)		
My name is	, and my date of birth is	
IVIY address IS	(chorat) (cita) (otata) (zip opda) (zew-t-)
	, , ,	state) (zip code) (country)
Executed in	County, State of, on the day of(month	20 h) (year)
	Signature of Candid	date/Officeholder (Declarant)
		1

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Corr				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
ij.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5	s		
3	SCHEDULE B: PLEDGED CONTRIBUTIONS		S		
4	SCHEDULE E: LOANS		\$		
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	S		
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7::	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	AL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$		
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	BUTIONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

•	The Instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1
FILER NA	ME	=		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PA	(IC#)	7 Amount of contribution (\$)
	6 Contributor address;			
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal oc	ccupation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	cui-of-state PA	C (1D#)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal of	ccupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (IDH]	Amount of contribution (\$)
	Contributor address.	City;	State; Zip Code	
Principal or	ccupation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

in the requested information is not applicable, bo Not include	this page in the report.		
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ 9 In-kind contribution description		
	Check if travel outside of Texas, Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description		
	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF TH	IS SCHEDINE AS MEEDED		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#____ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#___ 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 Full name of pledgor ___ out-of-state PAC (ID#____ In-kind contribution Pledge \$ description Pledgor address; State; Zip Code City; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date 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. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	\$		
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
		1	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Arnount (\$)
Is lender a financial Institution?	Lender address, City:	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	nn / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	— Check if personal fun	ds were deposited into political
none		account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
Control on the second	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburservent Exec. Office Overboard/Reimburservent

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officenolder/Political Committee
Credi Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/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 d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	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 Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX officeholder living expense
9 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	
	Check if !ravel outside of Texas, Complete Schedufe T,	Check if Aust	in, TX, officeholder living expense
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 iisted at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX. officeholder living expense
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 NE	EDED.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Printing Expense ravel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date 8 Payee address; 7 Amount (\$) Zip Code City; State: TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) State: Payee address; City; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) **PURPOSE** ΩE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete **ONLY** if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Sch	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	di:			
	6 Address of person from whom investment is purchased;		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; C		State; Zip Code		
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Reverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/iPolitical Committee Legal Services 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 ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Amount (5) Payee address; TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officenalder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Zip Code

Office held

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Reintal Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Selaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City, State; Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE Check if Auslin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought molete ONLY if direct

Date	Payee name			
Amount (\$)	Payee address;	City;	State:	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		office held
Date	Payee name			
Date		City;	State;	Zip Code
Amount (S) Reimbursement from political contributions	Payee name	City; Description	State;	Zip Code
Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee name Payee address;	Description	State;	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 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 Zip Code State: (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel cutside of Texas, Complete Scriedula F. Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address: City: State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule T₁ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

	The Instruction Guide explains how to con	nplete this form.			
1 Total pages Schedule I	2 FILER NAME		3 Filer ID	(Ethics Co	mmission 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 required)	instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions regar	ding type o	f information
Date	Payee name			11	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions regar	ding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

SCHEDULE K

The	Instruction Guide explains how to complete this fo	orm.	V2	1 Total pages Sch	edule K:	
2 FILER NAME				3 Filer ID (Ethi	cs Commission Filers)	
4 Date	5 Name of person from whom amount is received		'		8 Amount (S)	
	6 Address of person from whom amount is received;	City;	State			
	7 Purpose for which amount is received		Check if p	olitical contribution	n returned to filer	
Date	Name of person from whom amount is received				Amount (\$)	
	Address of person from whom amount is received;			e; Zip Code		
	Purpose for which amount is received		Check if p	olitical contribution	n returned to filer	
Date	Name of person from whom amount is received				Amount (\$)	
	Address of person from whom amount is received;	City	State			
	Purpose for which amount is received		Check if p	olitical contribution	n returned to filer	
Date	Name of person from whom amount is received				Amount (\$)	
	Address of person from whom amount is received;	City;		e; Zip Code		
	Purpose for which amount is received		Check if p	olitical contribution	n returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Sched	ule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Sched	F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6 Dates of travel 7 Name of person(s) traveling	ravel 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 conf	erence, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Sched	ule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Sched	ule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conf	erence, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule	C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule	H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
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 N	Moebe Ellins	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	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.					
		/ **	re of Candidate / Officeholder			
		Signatur	e of Carididate / Officeriolder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	only one:				
	V	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political political contributions or unexpended interest or incompersonal use. It also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions that I must find this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to contributions and that I may not retain ibutions longer than six years after all contributions and unexpended			
	B.	ASSETS				
	Check	only one:				
	abla	I do not retain assets purchased with political contributions or interest or other incom-	e from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to			
		S	ignature of Candidate			
5		HOLDER elete this section only if you are an officeholder ••	_			
		am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political consolitical contributions or interest or other income from political contributions.	after filing the last required report as			
		Si	gnature of Officeholder			



Filer name

CAN ELE

An exen

Beginning on January 1, 2022, \$28,800 in political contributions in any calendar year must file at

AFFIDAVIT FOR NDIDATE OR OFFICEHOLDER: ECTRONIC FILING EXEMPTION	Date Received		
nption affidavit must be submitted with each paper report. a candidate or officeholder who has accepted more than	Date Hand-delivered or Date Postmarked		
s or made more than \$28,800 in political expenditures Il subsequent reports electronically.	Receipt#	Amount \$	
	Date Processed		
Filer ID #	Date Imaged		
4			

OFFICE USE ONLY

- 1. I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit									
NOTARY STAMP/SEAL			E2	Signature of Filer					
Sworn to and subscribed before	me by			this the	day of				
20, to certify which, w	vitness my hand and s	seal of office.							
Signature of officer administering oat	th Pr	rinted name of officer ac	lministering oath		Title of office	r administering oath			
		OR							
(2) Unsworn Declaration									
My name is			, and my date of birth is						
My address is	(street)		(city)	(state)	(zip code)	(country)			
Executed in	, ,	, on				,			
f a====================================	one fi €			(month)	(year)	ī.			
			:=	Signature of Filer (Declarant)					

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