## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

|   |                                  | The state of the s |  | <b>a</b>   |
|---|----------------------------------|--|--|--|
| The C/OH Instruction G  | uide explains how                | to complete this form.   | 1 Filer ID (Ethics Commission Filers)    | 2 Total pages filed:   |
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | Ms / MRS / MR Mr.                | FIRST<br>Miguel  | MI                                       | OFFICE USE ONLY  |
| NAME  | NICKNAME<br>Mike                 | LAST<br>Sanchez  | SUFFIX                                   | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX;<br>193 Real Ro | ad Vidor TX 776  | CITY; STATE; ZIP CODE                    | REC'D FEB 26 2024<br>2:55 P.M.<br>WMORLLAND  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (409 )                           | 9HONE NUMBER<br>549-6805   | EXTENSION                                | Date Hand-delivered or Date Postmarked  Receipt #   Amount \$  |
| 6 CAMPAIGN<br>TREASURER                                       | MS / MRS / MR Mrs.               | FIRST<br>Crystal   | МІ                                       | Date Processed   |
| NAME  | NICKNAME                         | Seigrist   | SUFFIX                                   | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) |                                  | NO PO BOX PLEASE); APT / S   |  | STATE: ZIP CODE .  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE ( 409 )                | PHONE NUMBER 651-3871  | EXTENSION                                |  |
| 9 REPORT TYPE   | January 15 July 15               | 30th day before 8th day before e   | Francisco Medified                       | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)                         |
| 10 PERIOD<br>COVERED  | Month 2                          | Day Year / 6 / 24  | THROUGH 2                                | Day Year / 26 / 24   |
| 11 ELECTION   | Month Day                        | Year Primary  24 Genera  | Description                              |  |
| 12 OFFICE   | OFFICE HELD (if any)             |  | 13 OFFICE SOUGHT (if known Orange County |  |
| 14 NOTICE FROM POLITICAL                                      | THE CANDIDATE / OFFIC            | EHOLDER. THESE EXPENDITUR  | ES MAY HAVE BEEN MADE WITHOUT THE CAN    | MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE                   | COMMITTEE NAME   |  |  |
| Additional Pages  | GENERAL                          | COMMITTEE ADDRESS  |  |  |
|   | SPECIFIC                         | COMMITTEE CAMPAIGN TR  | EASURER NAME                             |  |
|   |                                  | COMMITTEE CAMPAIGN TO  | REASURER ADDRESS                         |  |
|   |                                  | GO TO  | PAGE 2                                   |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| C/OH NAME   |  | 16 Filer ID (Ethics Commission Filers)   |
|---|--|--|
| CONTRIBUTION TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIBUTION     PLEDGES, LOANS, OR GUARANTEES OF LOANS     CONTRIBUTIONS MADE ELECTRONICALLY)  | ns (OTHER THAN s, OR \$ 0.00   |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT)   | rees of LOANS) \$ 100.00   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 0.00  |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$ 699.06  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINE OF REPORTING PERIOD   | \$ 2,650.00  |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDI LAST DAY OF THE REPORTING PERIOD   | oing loans as of the \$ 4,000.00   |
|   | Please complete either of the complete either either of the complete either either of the complete either of the complete either either of the complete either either either either eit | Signature of Candidate or Officeholder  option below:  |
| (1) Affidavit  NOTARY STAMP/SEA  Sworn to and subscribed  20  | THE ST ISNEMUCHELLE MENTE OF THE PROPERTY OF T | option below:  this the <u>Up</u> day of <u>Fob</u> .  |
| NOTARY STAMP/SEA  | before me by Mandand seal of office.   | this the 20 day of Fob.,   |
| NOTARY STAMP/SEA  Sworm to and subscribed  to certif  Signature of officer adminis  (2) Unsworn Declaration           | before me by Mandand seal of office.  Printed name of officer administering of the seal of officer administering of the se | this the Lip day of Foldow.  this the Lip day of Foldow.  Title of officer administering oath  MICHELLE NEILL Notary ID #125816919 My Commission Expires                           |
| NOTARY STAMP/SEA  Sworm to and subscribed  to certif  Signature of officer adminis  (2) Unsworn Declarate  My name is | before me by Mandand seal of office.  Printed name of officer administering of the seal of office admi | this the 20 day of FOO.,  Oath Title of officer administering oath  MICHELLE NEILL Notary ID #125816919  |
| NOTARY STAMP/SEA  Sworm to and subscribed  to certif  Signature of officer adminis  (2) Unsworn Declaration           | abefore me by Manual and seal of office.  Printed name of officer administering of the seal of officer administering of th | this the 20 day of FOO.,  Oath Title of officer administering oath  MICHELLE NEILL Notary ID #125816919 My Commission Expires  |
| NOTARY STAMP/SEA  Sworm to and subscribed  to certif  Signature of officer adminis  (2) Unsworn Declarate  My name is | before me by Mandand seal of office.  Printed name of officer administering of the seal of office admi | this the 20 day of FRIO,  oath Title of officer administering oath  MICHELLE NEILL Notary ID #125816919 My Commission Expires August 25, 2026  (city) (state) (zip code) (country) |

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME  | 20 Filer ID (Ethics Commission Filers) |  |  |
|-----|---|--|--|--|
| 21  | SCHEDULE SUBTOTALS NAME OF SCHEDULE                         | SUBTOTAL<br>AMOUNT                     |  |  |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS               | \$ 100.00                              |  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR         | RIBUTIONS \$ 0.00                      |  |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                           |  |  |  |
| 4.  | SCHEDULE E: LOANS   | \$ 0.00                                |  |  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO            | DLITICAL CONTRIBUTIONS \$ 0.00         |  |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                    | \$ 0.00                                |  |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM              | POLITICAL CONTRIBUTIONS \$ 0.00        |  |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD               | \$ 0.00                                |  |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PE             | RSONAL FUNDS \$ 0.00                   |  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU            | UTIONS TO A BUSINESS OF C/OH \$ 699.06 |  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM P          | OLITICAL CONTRIBUTIONS \$ 0.00         |  |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER | CONTRIBUTIONS RETURNED \$ 0.00         |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

|                      |   | es all the second |                               | 1 Total pages Schedule A1:            |
|----------------------|---|-------------------|-------------------------------|---------------------------------------|
| The                  | Instruction Guide explains how  | to complete th    | is form.                      | i Total pages Solledule AT.           |
| FILER NAME Miguel Sa |   |                   |                               | 3 Filer ID (Ethics Commission Filers) |
| Date                 | 5 Full name of contributor out-of-state PAC (ID#:) David & Helen Jacobs |                   | 7 Amount of contribution (\$) |                                       |
| 2/05/20              | 6 Contributor address;  | City;             | State; Zip Code               |                                       |
| Principal occu       | upation / Job title (See Instructions)                                  |                   | 9 Employer (See Instruct      | tions)                                |
| Date                 | Full name of contributor  | out-of-state P    | AC (ID#:)                     | Amount of contribution (\$)           |
|                      | Contributor address;  | City;             | State; Zip Code               |                                       |
| Principal occu       | pation / Job title (See Instructions)                                   |                   | Employer (See Instruct        | tions)                                |
| Date                 | Full name of contributor  | out-of-state P    | AC (ID#:)                     | Amount of contribution (\$)           |
|                      | Contributor address;  | City;             | State; Zip Code               |                                       |
| Principal occu       | upation / Job title (See Instructions)                                  |                   | Employer (See Instruc         | tions)                                |
| Date                 | Full name of contributor  | out-of-state P    | AC (ID#:)                     | Amount of contribution (\$)           |
|                      | Contributor address;  | City;             | State; Zip Code               |                                       |
|                      | upation / Job title (See Instructions)                                  | 1000              | Employer (See Instruc         | itions)                               |

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 CONTRIBUTIONS

## SCHEDULE A2

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

| Date  6 Fu  7 Co  7 Co  Principal occupation  Contributor's princip  4 Contributor's emplo  6 If contributor is a cl   | ITEMIZED IN-KIND POLITICAL CONTRIB  II name of contributor   | UTIONS  Zip Code  11 Employe                           | Contribution \$               | In-kind contribution description  description  de of Texas. Complete Schedule                 |
|--|--|--|-------------------------------|---|
| Date  6 Fu  7 Co  Principal occupation  Contributor's principal  Contributor's emplo  If contributor is a cl   | Il name of contributor   | Zip Code  11 Employe                                   | 8 Amount of   Contribution \$ | description  de of Texas. Complete Schedule  AL)(See Instructions)  DICIAL)(See Instructions) |
| 7 Co 7 Co 7 Co 7 Co 7 Co 7 Co 8 Principal occupation 2 Contributor's princip 4 Contributor's emplo 6 If contributor is a cl  | ontributor address; City; State;  n / Job title (FOR NON-JUDICIAL)(See Instructions)  pal occupation (FOR JUDICIAL)  over/law firm (FOR JUDICIAL)  | Zip Code  11 Employe  13 Contribu                      | Contribution \$               | description  de of Texas. Complete Schedule  AL)(See Instructions)  DICIAL)(See Instructions) |
| O Principal occupation Contributor's princip Contributor's emplo If contributor is a cl  | ontributor address; City; State;  n / Job title (FOR NON-JUDICIAL) (See Instructions)  pal occupation (FOR JUDICIAL)  over/law firm (FOR JUDICIAL) | 11 Employee  | r (FOR NON-JUDICIA            | AL)(See Instructions) DICIAL)(See Instructions)   |
| 2 Contributor's princip 4 Contributor's emplo 6 If contributor is a cl   | oal occupation (FOR JUDICIAL)  yer/law firm (FOR JUDICIAL)   | 13 Contribu  | r (FOR NON-JUDICIA            | AL)(See Instructions) DICIAL)(See Instructions)   |
| 2 Contributor's princip 4 Contributor's emplo 6 If contributor is a cl   | oal occupation (FOR JUDICIAL)  yer/law firm (FOR JUDICIAL)   | 13 Contribu  | tor's job title (FOR JU       | DICIAL)(See Instructions)   |
| 4 Contributor's emplo 6 If contributor is a cl   | yer/law firm (FOR JUDICIAL)  |  |                               |   |
| 6 If contributor is a cl   |  | 15 Law firm  | of contributor's spou         | se (if any) (FOR JUDICIAL)  |
| F  | nild, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |                               |   |
| Date   | full name of contributor   | )  | Amount of<br>Contribution \$  | I In-kind contribution description  |
|  | ontributor address; City; State;   | Zip Code   |                               |   |
| Principal occupation   | n / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employe  |                               | AL)(See Instructions)   |
|  | pal occupation (FOR JUDICIAL)  | Contrib  | utor's job title (FOR JU      | JDICIAL) (See Instructions)   |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIA |                               |   |
| If contributor is a c  | hild, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |                               |   |
| A THE REPORT OF THE PARTY OF TH |  |  |                               |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

| TI           | he Instruction Guide explains how to complete th  | nis form.                      | 1 Total pages Schedu                                    | le B:   |  |  |
|--------------|---|--------------------------------|---|---|--|--|
| FILER NAM    | ΛE.   |                                | 3 Filer ID (Ethics Commission Filers)                   |   |  |  |
| TOTAL C      | OF UNITEMIZED PLEDGES   |                                | \$  |   |  |  |
| Date         | 6 Full name of pledgor □ out-of-state PAC (ID#:   |                                | 8 Amount I of Pledge \$ I                               | 9 In-kind contribution description                                |  |  |
|              | 7 Pledgor address; City;  | State; Zip Code                | <br> <br> <br> <br>  Check if travel outsi              | de of Texas. Complete Schedule                                    |  |  |
| Principal o  | accupation / Job title (See Instructions)   | 11 Employer (See I             | nstructions)  |   |  |  |
| Date         | Full name of pledgor  | #:)                            | Amount of Pledge \$                                     | In-kind contribution description                                  |  |  |
|              | Pledgor address; City;  | State; Zip Code                | Check if travel outs                                    | l .<br>de of Texas. Complete Schedul                              |  |  |
| Principal or | ccupation / Job title (See Instructions)  | Employer (See                  |   |   |  |  |
| Date         | Full name of pledgor  | #:)                            | Amount of Pledge \$                                     | In-kind contribution  |  |  |
| Date         | Full name of pledgor  ut-of-state PAC (ID   |                                | r leage ψ   | description   |  |  |
| Date         | Pledgor address; City;  | State; Zip Code                | rieuge v  | description  I  I   |  |  |
| Date         |   |                                |   |   |  |  |
|              |   |                                | Check if travel outs                                    | l description                       ide of Texas. Complete Schedu |  |  |
|              | Pledgor address; City;  | State; Zip Code  Employer (See | Check if travel outs                                    |   |  |  |
| Principal o  | Pledgor address; City;  occupation / Job title (See Instructions)  Full name of pledgor | State; Zip Code  Employer (See | Check if travel outs Instructions)  Amount of           | <br>  |  |  |
| Principal o  | Pledgor address; City;  occupation / Job title (See Instructions)  Full name of pledgor | State; Zip Code  Employer (See | Check if travel outs Instructions)  Amount of Pledge \$ | <br>  |  |  |

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

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

|  | nstruction Guide explains how to com  | piete una roini.   |  |  |  |
|--|---------------------------------------|--|--|--|--|
| FILER NAME   |                                       |  | 3 Filer ID (Ethics Commission File                                       |  |  |
| TOTAL OF UNI   | TEMIZED LOANS                         |  | \$   |  |  |
| Date of loan   | 7 Name of lender out-of-stat          | e PAC (ID#:)   | 9 Loan Amount (\$)   |  |  |
| Is lender<br>a financial<br>Institution?   | 8 Lender address; City;               | State; Zip Code  | 10 Interest rate   |  |  |
|  |                                       |  | 11 Maturity date   |  |  |
| 2 Principal occupation   | n / Job title (See Instructions)      | 13 Employer (See Instructions)   |  |  |  |
| Description of Colla   | iteral                                | Check if personal fun<br>account (See Instruc  | nds were deposited into political  |  |  |
| 6 GUARANTOR INFORMATION 17 Name of guarantor   |                                       |  | 19 Amount Guaranteed (\$)  |  |  |
|  |                                       |  |  |  |  |
| not applicable   | 18 Guarantor address; City;           | State; Zip Code  |  |  |  |
|  |                                       | State; Zip Code  21 Employer (See Instructions)  |  |  |  |
|  | on (See Instructions)                 |  | Loan Amount (\$)   |  |  |
| 9 Principal Occupati   | on (See Instructions)                 | 21 Employer (See Instructions)   | Loan Amount (\$)  Interest rate  |  |  |
| Principal Occupation  Date of loan  Is lender  | on (See Instructions)  Name of lender | 21 Employer (See Instructions) ate PAC (ID#:)  |  |  |  |
| Date of loan  Is lender a financial Institution?   | on (See Instructions)  Name of lender | 21 Employer (See Instructions) ate PAC (ID#:)  | Interest rate  |  |  |
| Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collaboration        | on (See Instructions)  Name of lender | 21 Employer (See Instructions)  ate PAC (ID#:)  State; Zip Code  Employer (See Instructions)   | Maturity date  Maturity date   |  |  |
| Date of loan  Is lender a financial Institution?  Y N  Principal occupation                                      | on (See Instructions)  Name of lender | 21 Employer (See Instructions)  ate PAC (ID#:)  State; Zip Code  Employer (See Instructions)   | Maturity date  Maturity date   |  |  |
| Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collanone  GUARANTOR | on (See Instructions)  Name of lender | 21 Employer (See Instructions)  ate PAC (ID#:)  State; Zip Code  Employer (See Instructions)   | Maturity date  Maturity date  Inds were deposited into political ctions) |  |  |
| Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collanone  GUARANTOR | on (See Instructions)  Name of lender | 21 Employer (See Instructions)  ate PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal fur account (See Instructions) | Maturity date  Maturity date  Inds were deposited into political ctions) |  |  |

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 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)**

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

| otal pages Schedule F1:                            | 2 FILER NAME   |                 | 3 Filer ID (Ethics                               | Commission Filers) |  |  |
|--|--|-----------------|--|--------------------|--|--|
| Date   | 5 Payee name   |                 |  |                    |  |  |
| Amount (\$)  | 7 Payee address;   | City;           | State;   | Zip Code           |  |  |
| PURPOSE<br>OF<br>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 Austin, TX, officeholder living expense |                    |  |  |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought   |  | Office held        |  |  |
| Date   | Payee name   |                 |  |                    |  |  |
| Amount (\$)  | Payee address;   | City;           | State;   | Zip Code           |  |  |
| PURPOSE<br>OF                                      | Category (See Categories listed at the top of this schedule)     | Description     |  |                    |  |  |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T. Check if  |                 | stin, TX, officeholder livin                     | g expense          |  |  |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name                                    | Office sought   |  | Office held        |  |  |
| Date   | Payee name   |                 |  |                    |  |  |
| Amount (\$)  | Payee address;   | City;           | State;   | Zip Code           |  |  |
| PURPOSE<br>OF                                      | Category (See Categories listed at the top of this schedule)     | Description     |  |                    |  |  |
|  |  | Check if Au     | ustin, TX, officeholder livin                    | ng expense         |  |  |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.           | Ollook ii i i   |  |                    |  |  |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

|            | The Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3:            |
|------------|---|---------------------------------------|
| FILER NAME |   | 3 Filer ID (Ethics Commission Filers) |
| Date       | 5 Name of person from whom investment is purchased        |                                       |
|            | 6 Address of person from whom investment is purchased;    | City; 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                 |
|            | Description of investment                                 |                                       |
|            | Amount of investment (\$)                                 |                                       |
|            |   |                                       |
|            |   |                                       |
|            |   |                                       |

## 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)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 3 FILER ID (Ethics Commission Filers) 1 TOTAL PAGES **2 FILER NAME SCHEDULE F4:** \$ 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution 5 CREDIT CARD **ISSUER** (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged 6 PAYMENT (b) Payee address; City, State, Zip Code (a) Payee name 7 PAYEE 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Check if Austin, TX, officeholder living expense Non-Political Check if travel outside of Texas. Complete Schedule T. Office Held Office Sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **PAYMENT** State, Zip Code City, (b) Payee address; PAYEE (a) Payee name (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Check if Austin, TX, officeholder living expense Non-Political Check if travel outside of Texas. Complete Schedule T. Office Held Candidate / Officeholder name Office Sought Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **PAYMENT** (b) Payee address; City, State, Zip Code (a) Payee name PAYEE (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Non-Political Office Held Candidate / Officeholder name Office Sought Complete ONLY if direct expenditure to benefit C/OH

**Reset Page** 

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

#### **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/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)

| Total pages Schedule G:  | 2 FILER NAME   |                 | 3 Filer ID (Ethics C             | ommission Filers) |
|--|--|-----------------|----------------------------------|-------------------|
| Date   | 5 Payee name   |                 | 1                                |                   |
| Amount (\$)  Reimbursement from political contributions intended | 7 Payee address;<br>185 1131 Vidor TX 7                          | City;<br>7662   | State;                           | Zip Code          |
| PURPOSE<br>OF<br>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   | tin, TX, officeholder living exp | ense              |
| 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          |
| Reimbursement from political contributions intended              |  |                 |                                  |                   |
| PURPOSE<br>OF<br>EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)     | Description     |                                  |                   |
| EXI CITOT. SILE  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus    | stin, TX, officeholder living ex | pense             |
| Complete ONLY if direct expenditure to benefit C/                |  | Office sought   |                                  | Office held       |
| Date   | Payee name   |                 |                                  |                   |
| Amount (\$)  Reimbursement from political contributions intended | Payee address;   | City;           | State;                           | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)     | Description     |                                  |                   |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aus    | stin, TX, officeholder living ex | pense             |
| Complete ONLY if direct expenditure to benefit C/OH              | Candidate / Officeholder name                                    | Office sought   |                                  | Office held       |

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

SCHEDULE H

|   |  | EXPENDITURE CATE   | GORIES                                | FOR BOX 8(a)                    |  |                        |
|---|--|--|---------------------------------------|---------------------------------|--|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment |  | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | Office Of Polling E Printing Salaries | Expense<br>Wages/Contract Labor | Solicitation/Fundraisir<br>Transportation Equipn<br>Travel In District<br>Travel Out Of District<br>Other (enter a categor | nent & Related Expense |
| 1 Total pages Schedule H:   | 2 FILER N  | AME<br>Sanchez   |                                       |                                 | 3 Filer ID (Ethics   | Commission Filers)     |
| 4 Date 02/06/2024   | 5 Business<br>T & K [                                  | name<br>Designs  |                                       |                                 |  | 7                      |
| 6 Amount (\$)<br>74.06  | 7 Business   | address;   |                                       | City;                           | State;   | Zip Code               |
| 8 PURPOSE OF EXPENDITURE  |  | (See Categories listed at the top of this sing Expense   | schedule)                             | (b) Description<br>Campaign Shi | irts   |                        |
|   | (c)  | Check if travel outside of Texas. Complete So  | chedule T.                            | Check if Austi                  | n, TX, officeholder living ex  | pense                  |
| 9 Complete ONLY if direct expenditure to benefit C/C  |  | ate / Officeholder name  |                                       | Office sought                   |  | Office held            |
| Date 02/16/2024   | Business<br>Benoit                                     |  |                                       |                                 |  |                        |
| Amount (\$)<br>625.00   | Business   | s address;   |                                       | City;                           | State;   | Zip Code               |
| PURPOSE<br>OF<br>EXPENDITURE  | Category<br>Event Ex                                   | (See Categories listed at the top of this sometimes)   | schedule)                             | Description<br>Watch Party      |  |                        |
| LAFENDITORE   | Check if travel outside of Texas. Complete Schedule T. |  | Check if Austi                        | n, TX, officeholder living ex   | pense  |                        |
| Complete ONLY if direct expenditure to benefit C/C  |  | late / Officeholder name   |                                       | Office sought                   |  | Office held            |
| Date  | Busines  | s name   |                                       |                                 |  |                        |
| Amount (\$)   | Busines  | s address;   |                                       | City;                           | State;   | Zip Code               |
| PURPOSE<br>OF<br>EXPENDITURE  | Category   | / (See Categories listed at the top of this  | schedule)                             | Description                     |  |                        |
| EXPENDITORE   |  | Check if travel outside of Texas. Complete S   | chedule T.                            | Check if Aust                   | in, TX, officeholder living e  | xpense                 |
| Complete ONLY if direct expenditure to benefit C/   |  | date / Officeholder name   |                                       | Office sought                   |  | Office held            |
|   | AT   | TACH ADDITIONAL COPIES   | OF THIS                               | SCHEDULE AS NE                  | EDED   |                        |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

|                              | The Instruction Guide explains how to con                              | mplete this form.          |   |                |                 |
|------------------------------|--|----------------------------|---|----------------|-----------------|
| 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                       | - 1900<br>- | State          | Zip Code        |
| PURPOSE<br>OF<br>EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description required.) | See instructions rega   | arding type of | information     |
| Date                         | Payee name   | -                          |   |                |                 |
| Amount (\$)                  | Payee address;   | City                       |   | State          | Zip Code        |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See instructions for examples of acceptable categories.)     | Description required.)     | (See instructions rega  | arding type o  | f information   |
| Date                         | Payee name   |                            |   |                | a salah         |
| Amount (\$)                  | Payee address;   | City                       |   | State          | Zip Code        |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See instructions for examples of acceptable categories.)     | Description required.)     | (See instructions reg   | arding type o  | f information   |
| Date                         | Payee name   |                            |   |                |                 |
| Amount (\$)                  | Payee address;   | City                       |   | State          | Zip Code        |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See instructions for examples of acceptable categories.)     | Description required.)     | (See instructions reg   | arding type o  | f information   |

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

## SCHEDULE K

| Instruction Guide explains how to complete this form.   | 1 Total pages Sche  |   |
|---|---|---|
|   | 3 Filer ID (Ethics  | s Commission Filers)  |
| 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            | c if political contribution   | returned to filer   |
| 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              | c if political contribution   | returned to filer   |
| 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              | k if political contribution   | returned to filer   |
| Name of person from whom amount is received             |   | Amount (\$)   |
| Address of person from whom amount is received; City;   | State; Zip Code   |   |
|   |   |   |
|   | 5 Name of person from whom amount is received  6 Address of person from whom amount is received; City;  7 Purpose for which amount is received Check  Name of person from whom amount is received  Address of person from whom amount is received; City;  Purpose for which amount is received Check  Name of person from whom amount is received City;  Purpose for which amount is received City;  Purpose for which amount is received Check  Address of person from whom amount is received Check  Name of person from whom amount is received Check  Name of person from whom amount is received Check | 5 Name of person from whom amount is received:  6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received  Check if political contribution  Name of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received  Check if political contribution  Name of person from whom amount is received; City; State; Zip Code  Address of person from whom amount is received  Check if political contribution  Check if political contribution  Check if political contribution  Name of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received  Check if political contribution |

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES 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 Filer ID (Ethics Commission Filers)                                   |
| Name of Contributor / Corporation  | or Labor Organization / Pledgor / Payee  |   |
| Generality is  | edule B Schedule B(J) Sch  | nedule C2 Schedule D Schedule F1 nedule H Schedule COH-UC Schedule B-SS |
| 5 Dates of travel 7 Name o   | person(s) traveling  |   |
| 8 Departu  | re city or name of departure location  |   |
| 9 Destinat   | ion city or name of destination location   |   |
| 10 Means of transportation   | 11 Purpose of travel (including name of c  | onference, seminar, or other event)                                     |
| Name of Contributor / Corporation  | or Labor Organization / Pledgor / Payee  |   |
| Dates of travel Name of  | edule F4 Schedule G Schedule F4 Schedule G S | nedule H Schedule COH-UC Schedule B-SS                                  |
| Destina  | tion city or name of destination location  |   |
| Means of transportation  | Purpose of travel (including name of o   | conference, seminar, or other event)                                    |
| Name of Contributor / Corporation  | or Labor Organization / Pledgor / Payee  |   |
| Contribution / Expenditure reported Schedule A2 Schedule F2 Schedule F2  | ule B Schedule B(J) Sched  | dule C2 Schedule D Schedule F1 dule H Schedule COH-UC Schedule B-SS     |
| Dates of travel Name   | of person(s) traveling   |   |
| Depart   | ure city or name of departure location   |   |
| Destina  | ation 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   | S SCHEDULE AS NEEDED  |
| AND RESIDENCE AND ADDRESS OF THE PARTY OF TH |  |   |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|   | The Instruction Guide explains how to complet  |   |  |
|---|--|---|--|
| •• Complete only if "Report Type" on page 1 is marked "Final Report" •• |  |   |  |
| C/OH  | NAME   | 2 Filer ID (Ethics Commission Filers)   |  |
| SIGN  | IATURE   |   |  |
| design  | ot expect any further political contributions or political expenditures in connect<br>nating a report as a final report terminates my campaign treasurer appointmen<br>aign contributions or make any campaign expenditures without a campaign tre   | t. I also understand that I may not accept any  |  |
|   |  | Signature of Candidate / Officeholder   |  |
| FILE:   | R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••  |   |  |
| A.  | CAMPAIGN FUNDS   |   |  |
| Che   | eck only one:  |   |  |
|   | I do not have unexpended contributions or unexpended interest or income  | earned from political contributions.  |  |
|   | I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the  | est or income earned on political contributions to<br>expended contributions and that I may not retain<br>olitical contributions longer than six years after<br>nded political contributions and unexpended |  |
| В.  | ASSETS   |   |  |
| Che   | eck only one:  |   |  |
|   | I do not retain assets purchased with political contributions or interest or o   | other income from political contributions.  |  |
|   | I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interpersonal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.  | rest or other income from political contributions to  |  |
|   |  | Signature of Candidate  |  |
| 5 OFF<br>C  | FICEHOLDER Complete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder of the second o | nolder who does not have a campaign treasurer on  |  |
|   | file. I am also aware that I will be required to file reports of unexpended cor<br>an officeholder, I retain political contributions, interest or other income from<br>political contributions or interest or other income from political contribution   | political contributions, or assets purchased with   |  |
|   |  | Signature of Officeholder   |  |