CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
|---|--|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST | MI | OFFICE USE ONLY Date Received |
| | NICKNAME LAST LUCS | SUFFIX | OCT 2 5 2010 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; 9583 J2 Runch Rd. Incz, | STATE; ZIP CODE | Date Hand-delivered or Date Postmarked |
| Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (361) 649-2068 | EXTENSION | Receipt # Amount Date Processed |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MS/MRS/MR FIRST NICKNAME LAST | MI | Date Imaged |
| | No11/1,05 | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 9579 J2 Runch Rd. | CITY; STATE; LC2, TX | zip code 77968 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (36/) 576-0638 | EXTENSION | |
| 9 REPORTTYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | July 15 Sth day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day | Year / 1 @ |
| 11 ELECTION | Month ELECTION DATE ELECTION TYPE Month Primary | Runoff | General Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known | siones Pict. 4 |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES OF CAMPAIGN EX | RES MADE BY OTHERS WITHOUT THE | E CANDIDATE'S PRIOR CONSENT OR APPROVAL. |
| BY OTHER INDIVIDUALS | Name | | |
| additional pages | Address / PO Box; Apt. / Suite #; City; State; Zip Cod | le | |
| | COTORAC |) | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 | 5 ACCOUNT # (Ethics Commission Filers) | | | |
|--|---|---|---|--|--|--|
| 17 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | | | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| additional pages | | | | | | |
| | · | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | | | | | | |
| | | | | | | |
| 18 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | \$ 310.00 | | | |
| · | - | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 310.00 \$ 1236.00 | | | |
| EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ | | | | | | |
| | 4. TOTAL | 4. TOTAL POLITICAL EXPENDITURES \$ 4027.46 | | | | |
| CONTRIBUTION BALANCE | Y | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO | \$ 1546.00 | | | |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES \$ 4027.46 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1546. ac. 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,500, ac. | | | | | |
| 19 AFFIDAVIT | | | | | | |
| | Josephine Salas otary Public, State of T My Commission Expi August 10, 2014 | is true and correct and includes all in me under Title 15, Election Code. | perjury, that the accompanying report information required to be reported by ideate or Officeholder | | | |
| AFFIX NOTARY STAM | | A Total | | | | |
| | | me, by the said <u>CLINT C. TUES</u> (R), 20 (D) , to certify which, witness m | this the y hand and seal of office. | | | |
| ALLEN | hine Sel | LOSCPHINE SALAS | Notary | | | |
| Signature of officer admi | nistering oath | Printed name of officer administering oath | Title of officer administering oath | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | nedule A: |
|-------------------|--|------------------|-----------------------------|--|
| 2 FILER NAME | | | 3 ACCOUNT # (E | Ethics Commission Filers) |
| | C. Lues | | · | · |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# |) | 7 Amount of | 8 In-kind contribution |
| | i . | | contribution (\$) | description (if applicable) |
| , , | Rond Kin Smith | | | I |
| 10/7 | 6 Contributor address; City; State; Zip Code | | 50.00 | |
| | 10B 466 Ther FX 7790 | 58 | | i I |
| | FO13 166 2112 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occur | pation / Job title (See Instructions) | 10 Employer (See | <u> </u> | |
| | , | 10 1 | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | A | In Irinal contribution |
| Date | | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Rhonda Hoofer | | , | |
| | Contributor address; City, State; Zip Code | | | |
| 10/10 | | | 75,00 | 1 |
| 10//6 | 114 Calle Ricenso Victoria; | TX 71904 | C). " | |
| | 11 / Collick Conso ofcom | 1 11-7 | | l |
| Dringing! aggs | nation / Joh title (See Instructions) | Employer (See 1 | | of Texas, complete Schedule T) |
| Fincipal occu | pation / Job title (See Instructions) | Employer (See I | msu ucuons) | |
| Date | Full name of contributor ut-of-state PAC (ID#:_ |) | Amount of | In-kind contribution |
| | | | contribution (\$) | description (if applicable) |
| , | BLHC NOGIC | | | 1 |
| lalia | BCHC NO61C Contributor address; City; State; Zip Code | | 20 | |
| 19/10 | | | 65,00 | 1 |
| • 1 | 6009) Country Club Dr. 7790 | / 4 | | 1 |
| | BOOLD COOMED CLOC DI. 1416 | 4 | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | <u> </u> | or resident to the second of t |
| | , | | , | |
| Date | Full name of contributor Out-of-state PAC (ID#: | 1 | Amount of | In-kind contribution |
| Date | | | contribution (\$) | description (if applicable) |
| | Kalan Bouches | | | ŀ |
| 1.10 | Contributor address; City; State; Zip Code | | | |
| 10/12 | | | 25,00 | I |
| , | 118 Savanah Dr. Victoria, | Tr hage | | ! ! |
| | 1/8 JAVAMAN BI. VICE | 164 1.1104 | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | · | o. voxao, complete corredule 1) |
| | | | , | |
| Date | Full name of contributor | \ | Amount of | In-kind contribution |
| | | | contribution (\$) | description (if applicable) |
| , | J. J.D. MUILIAS | | | 1 |
| 10/14 | Contributor address; City; State; Zip Code | | 1 | |
| 1011 | | | 200. m | 1 |
| | 116 Filling St. Victoria, TX 7 | 79c41 | - | I |
| | | , | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| | | | | |

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | Instruction Guide explains how to complete this | ; form. | 1 Total pages Sch | iedule A: |
|-------------------|---|--------------------|-------------------------------|--|
| 2 FILER NAME | Clint C. Ives | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC (ID# | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6/14 | 6 Contributor address; City; State; Zip Code | | 100.00 | |
| | 2219 LIVE Oak Dr. Portland, T | X 18574 | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#_ |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/14 | Contributor address; City; State; Zip Code | | 200.00 | |
| | 1/9 U.1120y GIA Victoria, TX mga | 1 | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| Date | Full name of contributor out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/14 | Contributor address; City; State; Zip Code | TX 11904 | 10.00 | |
| | | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/14 | Contributor address; City; State; Zip Code | 901 | 100.00 | |
| | 100 mills 11 Million 2, 1 x 9/1 | 101 | (life travel existence) | of Toyon complete Cobadula T |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| Date | Full name of contributor ut-of-state PAC (ID#: | | Amount of | In-kind contribution |
| 24.0 | Steve & Carolline Sections | | contribution (\$) | description (if applicable) |
| | Contributor address; City; State; Zip Code | | 25.00 | |
| | 103 Chantsons Row, Uschoise, TX | 11904 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | or reads, complete ourcoure 1) |
| | | | | |

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|---------------------|---|--------------------|-----------------------------|--|
| 2 FILER NAME | Clint C. Tues | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID# |) | 7 Amount of | 8 In-kind contribution |
| | | | contribution (\$) | description (if applicable) |
| | Daviell Sklar | | | I |
| 10/14 | 6 Contributor address; City; State; Zip Code | | 50.00 | |
| | 736 Fm 234 Edna Tx 17957 | • | (If trough putpide | of Toyon, complete Schodule T |
| O Driverinal securi | | | L | of Texas, complete Schedule T) |
| 9 Principal occuj | pation / Job title (See Instructions) | 10 Employer (See I | instructions) | |
| Date | Full name of contributor Out-of-state PAC (ID#: | ` | Amount of | In-kind contribution |
| Daic | | | contribution (\$) | description (if applicable) |
| | Brad Moore | | | |
| 1 /1/1 | Contributor address; City; State; Zip Code | | _ | |
| 10/14 | | | 50,00 | |
| · | la lake Culi | 4.4 | | |
| | 106 Lake Forest Dr. U. Horse, Tt | 111904 | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |
| Date | Full name of contributor | | Amount of | In-kind contribution |
| | MI IMIZ CI C I. | | contribution (\$) | description (if applicable) |
| _ | Mr. & Mrs. Elisio Fernandez | | | 1 |
| 10/14 | Contributor address; City; State; Zip Code | | , | 1 |
| 191.1 | | | 50.00 | 1 |
| | 213 Gettysbus Dr. Victoria, T | × 11904 | | |
| | | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | T |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | John Miller | | (4) | accompany (in application) |
| | Contributor address; City; State; Zip Code | | | |
| 10/14 | | | 75,00 | I |
| /-/ | 103 Sunset Dr. Victoria TX 17 | | U /. " | , |
| | 100 3 7001564 PM V:06152/14 17 | 901 | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | In-kind contribution |
| | Randon 11 & Goodia MUESSE | | contribution (\$) | description (if applicable) |
| | | | | ; { |
| 10/14 | Contributor address; City; State; Zip Code | | C_{Δ} | |
| 1011 | | | 50,00 | 1 |
| | 202 Buchushum St. Victoria, | TK 11904 | | |
| Dain et e et e e | <u> </u> | | · | of Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | Employer (See I | nstructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|---|---------------------------------------|-------------------------------|--|
| 2 FILER NAME | Clint 1. Tees | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of Contributorout-of-state PAC (ID# | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 10/14 | 6 Contributor address; City; State; Zip Code | | 50.00 | |
| | 216 Malor Cleek Vildoria, Px 1- | 1901 | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/14 | Contributor address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | 25,00 | |
| | 2926 BenLOW Rd. Jez, TX1796 | -8 | (If travel outside o | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| Date | Full name of contributor out-of-state PAC (ID#_ Bastian Investments |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/14 | Contributor address; City; State; Zip Code | | 101.00 | |
| | POBG8 Post lavace- TX 17979 | | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/19 | Contributor address; City; State; Zip Code | | 75,00 | |
| | 3202 Grain Ave. Victoria, 17 | 77901 | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | //6 dam 1 4-1 1 | Towns complete School 1 |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | ··· | of Texas, complete Schedule T) |
| | | | | |

P.O. Box 12070

| LOANS | | | | SCHEDULE E |
|--|---|--------------------------------|------------|---|
| The | Instruction Guide explains how to compl | lete this form. | 1 Total pa | nges Schedule E: |
| 2 FILER NAME | 7 (1ves | | 3 ACCOU | INT # (Ethics Commission Filers) |
| 4 | | ⇒ ⇔ ⇔ ⇔ | ⇔ | \$ 3,500,00 |
| 5 Date of loan /0/12//0 | MIAT C. Ros |] out-of-state PAC (ID#: |) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? | 8 Lender address; City; State; 9583 J2 Ranch Rd. Incz | | | 10 Interest rate //// 11 Maturity date |
| Y N | | | | NA |
| 12 Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instructions) | ı | 1 2 7 27 |
| 4216 Co | Mored | Self employed | | |
| 14 Description of Coll | | | | |
| 15 GUARANTOR INFORMATION | 16 Name of guarantor | | | 18 Amount Guaranteed (\$) |
| not applicable | 17 Guarantor address; City; S | | | |
| 19 Principal Occupati | ion (See Instructions) | 20 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; | Zip Code | | Interest rate |
| Y N | | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | |
| Description of Colla | ateral | | | |
| none | | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; S | State; Zip Code | | |
| Principal Occupati | on (See Instructions) | Employer (See Instructions) | | |
| | ATTACH ADDITIONAL COPIE | S OF THIS SCHEDULE AS NEI | EDED | |

SCHEDULE F

| | EXPENDITURE (| CATEGORIES FOR BOX 8(| (a) | |
|----------------------------|---|---------------------------------------|--|-----|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement | |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense | |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By | |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee | 3 |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) | |
| | - <i>'</i> | explains how to complete this | * | |
| 1 Total pages Schedule F: | 2 FILED NAME | | 3 ACCOUNT # (Ethics Commission Filer | s) |
| | Clint C. IUB3 | | 200 m | |
| 4 Date | 5 Pavee name | | | |
| 10/1 | | | | |
| 6 Amount (\$) | Martin A. A. State 7 Payee address: City: State | e: Zip Code | | |
| b Amount (\$) | Prayee address, City, State | e, Zip Code | | |
| 61001 | | | | |
| 549.96 | Victoria, PX | | | |
| | | | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of | f this schedule) (b) Description | on (If travel outside of Texas, complete Schedule T) | |
| OF EXPENDITURE | SUPPLIES PRINTING | 1.10 | | |
| | 30171.63 PI.VITINS | (-×/· | | |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sou | ight Office held | |
| expenditure to benefit C/C | ЭН | | | |
| | Γ | | | |
| Date | Payee name | | | |
| 1311 | Instant COPY | | | |
| Amount (\$) | Payee address; City; Stat | e: Zip Code | | |
| Amount (4) | rayee address, only, out | c, 21p 000c | | |
| | | | | |
| 91.19 | 11.27 | | | |
| // •/ / | Victoria, TX | | | ••• |
| PURPOSE | Category (See categories listed at the top of | f this schedule) Description | on (If travel outside of Texas, complete Schedule T) | |
| OF | | z 10 . | | |
| EXPENDITURE | GNUCLERCS /GUPPIO | 25/81:A1:A4 | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sou | ight Office held | |
| expenditure to benefit C/C | ЭН | | | |
| | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| Date . | Payee name | | | |
| 10/12 | a de la la | h _ | | |
| 10/12 | Payee address; City; State | | | |
| Amount (\$) | Payee address; City; State | e; Zip Code | | |
| | | | | |
| 150.00 | | | | |
| 100.00 | Victoria, 14 | | | |
| PURPOSE | Category (See categories listed at the top of | f this schedule) Description | On (If travel outside of Texas, complete Schedule T) | |
| OF | | | | |
| EXPENDITURE | Hole Spenser/ Fue | int fakuse | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sou | ight Office held | |
| expenditure to benefit C/C | ЭН | | | |
| | | | | |
| Date . | Payee name | | | |
| 1-/11 | · / / | _ | | |
| 10/11 | Chiis Nicholson | | | |
| Amount (\$) | | e; Zip Code | | |
| ٠. و | | | | |
| 1.112.72 | 1 , | | | |
| 1110.16 | GalVeston T.4 | | | |
| DUDDOSE | Category (See categories listed at the top o | f this schedule) Description | On (If travel outside of Texas, complete Schedule T) | |
| PURPOSE OF | | Description | (" "averouside or rexas, complete acredule 1) | |
| EXPENDITURE | 5011:63 | | | |
| | 1 2 2 1 1 2 2 | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sou | ight Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District **Event Expense** Polling Expense **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 5 Payee name 4 Date 10/14 Melcys 7 Payee address; City; State; Zip Code 73 25 UsCkss! La T4 (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) **EXPENDITURE** SUPPLICS Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 10/14 Amount (\$) 46.57 U:Cfos: 6 , 74 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF Stationery **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Ulchos: ~, TX Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH City; State; Zip Code 24.92 U.L.Ler' 2, Tx Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF 51111:65 **EXPENDITURE**

Office sought

Office held

Candidate / Officeholder name

Complete **ONLY** if direct expenditure to benefit C/OH

SCHEDULE F

| | EXPENDITURE | CATEGORIES | FOR BOX 8(a) | • | |
|---|--|--|-----------------|--|-----------------|
| Advertising Expense Accounting/Banking Consulting Expense | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense | Salaries/Wages/Co Solicitation/Fundra Travel In District | ising Expense | Loan Repayment/Reimbursement Transportation Equipment & Rela Contributions/Donations Made By | ted Expense |
| Event Expense Fees | Polling Expense Printing Expense | Travel Out Of Dist Office Overhead/R | | Candidate/Officeholder/Politic OTHER (enter a category not list | |
| | The Instruction Guide | | • | • | .55 42515, |
| Total pages Schedule F: | 2 FILER NAME | | <u> </u> | 3 ACCOUNT # (Ethics Corr | mission Filers) |
| | CliAt Colve | 3 | | | |
| 1 Date | 5 Payee name | | | | |
| 10/19 5 Amount (\$) | 7 Payee address; City; Sta | ite; Zip Code | | | |
| | , | | | | |
| 576.11 | Victoria, TX | | , | | |
| PURPOSE | (a) Category (See categories listed at the top | of this schedule) | (b) Description | (If travel outside of Texas, complete Sche | edule T) |
| OF EXPENDITURE | Printing EXP. | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | | Office sough | nt Office I | neld |
| Date , | Рауее пате | | | | |
| 10/20 | Suddenlink Medica | _ | | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | | • | |
| 794.75 | Victoria, PX | | | | |
| PURPOSE OF | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texas, complete Sche | edule T) |
| EXPENDITURE | Adjustising CXP. | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | | Office sough | nt Office I | neld |
| Date , | Payee name | | | | |
| /0/20 Amount (\$) | Victoria Pelcuisian | Grauf | | | |
| Amount (\$) | | ite; Zip Code | | | |
| 565.25 | リ、くくす。 ヘ 、 | | | | |
| PURPOSE OF | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texas, complete Sche | edule T) |
| EXPENDITURE | Adertising GXP. | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | | Office sough | ot Office I | neld |
| Date | Payee name | | | | |
| 10/23 | Mile-13 | | | | |
| Amount (\$) | Payee address; City; Sta | ite; Zip Code | | | |
| 11.28 | Victoria, TX | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texas, complete Sche | edule T) |
| OF EXPENDITURE | 50891163 | | | | |
| Complete ONLY if direct expenditure to benefit C/0 | Candidate / Officeholder name OH | | Office sough | nt Office h | neld |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

1-800-325-8506

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

Texas Ethics Commission

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

| | The Instruction Guide explains how to | complete this form. | |
|---|--|-------------------------|---|
| 1 Total pages Schedule F: | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date /0/13 | 5 Payee name Office Delat | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Privation of Supplies GXP. | (b) Description (If tra | avel outside of Texas, complete Schedule T) |
| 9 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 OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If tra | avel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | 4.000 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If tra | avel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | 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 (If tra | avel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED |