

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:														
3 COMMITTEE NAME			OFFICE USE ONLY														
4 COMMITTEE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE																
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		Date Received Date Hand-delivered or Date Postmarked															
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE															
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()																
9 REPORT TYPE	☐ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)																
10 MONTHLYREPORT FILING DEADLINE	<table style="width: 100%;"> <tr> <td>☐ January 5</td> <td>☐ April 5</td> <td>☐ July 5</td> <td>☐ October 5</td> </tr> <tr> <td>☐ February 5</td> <td>☐ May 5</td> <td>☐ August 5</td> <td>☐ November 5</td> </tr> <tr> <td>☐ March 5</td> <td>☐ June 5</td> <td>☐ September 5</td> <td>☐ December 5</td> </tr> </table>			☐ January 5	☐ April 5	☐ July 5	☐ October 5	☐ February 5	☐ May 5	☐ August 5	☐ November 5	☐ March 5	☐ June 5	☐ September 5	☐ December 5		
☐ January 5	☐ April 5	☐ July 5	☐ October 5														
☐ February 5	☐ May 5	☐ August 5	☐ November 5														
☐ March 5	☐ June 5	☐ September 5	☐ December 5														
11 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="width: 20%;"></td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> </tr> </table>			Month	Day	Year		Month	Day	Year	/	/		THROUGH	/	/	
Month	Day	Year		Month	Day	Year											
/	/		THROUGH	/	/												

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

**FORM MPAC
COVER SHEET PG 2**

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)	
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ Check here if this report qualifies for the higher itemization threshold	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer 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 _____ County, State of _____, on the _____ day of _____, 20_____.

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

17 COMMITTEE NAME

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE C1: MONETARY CONTRIBUTION FROM CORPORATION OR LABOR ORGANIZATION

\$

5. ☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTION FROM CORPORATION OR LABOR ORGANIZATION

\$

6. ☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

\$

7. ☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

\$

8. ☐ SCHEDULE D: PLEDGED CONTRIBUTION FROM CORPORATION OR LABOR ORGANIZATION

\$

9. ☐ SCHEDULE E: LOANS

\$

10. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

11. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

12. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

13. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

14. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

15. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:			
2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$			
5 Date		6 Full name of contributor ☐ out-of-state PAC (ID#:_____)				8 Amount of Contribution \$		9 In-kind contribution description	
									
		7 Contributor address; City; State; Zip Code							
						☐		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 ☐ out-of-state PAC (ID#:_____)				Amount of Contribution \$		In-kind contribution description	
									
		Contributor address; City; State; Zip Code							
						☐		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 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
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#: _____)	8 Amount of Pledge \$	9 In-kind contribution 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	Full name of pledgor ☐ out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution 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)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution 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)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution 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)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution 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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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 C2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description
		☐ Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		☐ Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		☐ Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		☐ Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		☐ Check if travel outside of Texas. Complete Schedule T.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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 C3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	6 Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
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Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)

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NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

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 C4:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	6 Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
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Date	Corporation / Labor Organization name	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

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 D:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral ☐ none		15 ☐ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		☐ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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)

The Instruction Guide explains how to complete this form.

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 ☐ Check if individual's residence address.			
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 Austin, 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 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
	☐ Check if individual's residence address.

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
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10 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 Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
	☐ Check if individual's residence address.

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F3

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 F3:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	☐ Check if individual's residence address.		
	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		
	☐ Check if individual's residence address.		
	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
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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

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 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(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		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(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/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(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/OH	Candidate / Officeholder name Office Sought Office Held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) ☐ Expenditure from corporate funds	7 Payee address;	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) ☐ Expenditure from corporate funds	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) ☐ Expenditure from corporate funds	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) ☐ Expenditure from corporate funds	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	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 returned to filer	
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

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) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
6 Dates of travel	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 conference, seminar, or other event)	
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)	
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		

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____
day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer 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 _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a campaign treasurer of a political committee that has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$34,890 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 the committee.
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 the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Campaign Treasurer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer 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 _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

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