# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how	to complete this form.	1 Filer ID (Ethics Comm	ission Filers) 2	Total pages filed	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST  ENNESTH  LAST	F	Date	OFFICE U	SEONLY
	111011111111111111111111111111111111111	CARTER	TENERS NOTES	PA JAYUN	1	1 .
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	(; APT / SUITE #;	CITY; STATE; Z	(IP CODE	6/24/	124
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	ADEA CODE	DUONE NI IMBED	EXTENSION		6/24	Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	N	AI .	te Processed 4/2	Amount \$
MAINE	NICKNAME	LAST	S	011110	te Imaged	34124
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #; CITY;		STATE;	ZIP CODE
(Residence or Business)	(1 (2)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before	Pleased Longitude	ed Modified	15th day after treasurer app (Officeholder	ointment
10 PERIOD	A SECTION AND LOSS OF THE PARTY	for each to the same of the sa	Reportin			Attaurioroni
COVERED	Month	Day Year / 17 / 2024	THROUGH	Month C	Day Year / 20	24
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Berger was trigger with an	Month Day	Year Primary		Other Description	10111	la al Terri
		2024				
12 OFFICE		2,007		CLIT (if known)		
12 OFFICE	OFFICE HELD (if any)	2,007	13 OFFICE SOUR	GHT (if known)	4	112
14 NOTICE FROM POLITICAL	OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	)	13 OFFICE SOUR  DIR  S ACCEPTED OR POLITICAL EXP	ENDITURES MADE BY	Y POLITICAL COMM	EDIS KNOW! EDGE OD
14 NOTICE FROM	OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS	13 OFFICE SOUR  DIR  S ACCEPTED OR POLITICAL EXP	ENDITURES MADE BY	Y POLITICAL COMM	EDIS KNOW! EDGE OD
14 NOTICE FROM POLITICAL	OFFICE HELD (if any)  THIS BOX IS FOR NOTITHE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	13 OFFICE SOUR  DIR  S ACCEPTED OR POLITICAL EXP	ENDITURES MADE BY	Y POLITICAL COMM	EDIS KNOW! EDGE OD
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATE:  COMMITTEE TYPE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED.	B ACCEPTED OR POLITICAL EXPES MAY HAVE BEEN MADE WITH JIRED TO REPORT THIS INFORMA	ENDITURES MADE BY	Y POLITICAL COMM	EDIS KNOW! EDGE OD
14 NOTICE FROM POLITICAL COMMITTEE(S)	OFFICE HELD (if any)  THIS BOX IS FOR NOTITE CANDIDATE: COMMITTEE TYPE  GENERAL	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQU  COMMITTEE NAME  COMMITTEE ADDRESS	S ACCEPTED OR POLITICAL EXPES MAY HAVE BEEN MADE WITH JIRED TO REPORT THIS INFORMA	ENDITURES MADE BY	Y POLITICAL COMM	EDIS KNOW! EDGE OD

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

	KENNETH P CA	HITER	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE	CAL CONTRIBUTIONS (OTHER THAN RANTEES OF LOANS, OR ECTRONICALLY)	\$
kalkal	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS O NG PERIOD	F THE \$
rec	quired to be reported by me under Title 15,	Election Code.	4
		Lunda	1 arla
		Signature of Ca	andidate or Officeholder
	Please com	plete either option belov	v:
		anning.	SYDNEY DURHAM
(1) Affidavit		N N N N N N N N N N N N N N N N N N N	otary Public, State of Texas
		OF THE	Comm. Expires 12-19-2026 Notary ID 134110246
NOTARY STAMP/SEA		(Landau)	
		0 4.	outh 1
	before me by Kenneth P.	this the	24th day of June,
	which, witness my hand and seal of office.		
Sydney Du		Surham	Notany Public
Signature of officer administe	ering oath Printed name of o	officer administering oath	Title of officer administering oath
THE RESERVE TO A SECOND		OR	
(2) Unsworn Declarati	ion		
My name is	•	, and my date of birth is	3
My address is		IIII need to be a second of the	
•	(street)		(state) (zip code) (country)
Executed in	County, State of	, on the day of(mont	h) 20

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

FILER NAME	20 Filer ID	(Ethics Commission Filers)
1 SCHEDULE SUBTOTALS NAME OF SCHEDULE	THE RICH DISHURAN WAS THEN WAS DRIVE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETA	RY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MO	NETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED	CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITIC	AL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$
6. SCHEDULE F2: UNPAID I	NCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHA	ASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTI	ons \$
8. SCHEDULE F4: EXPEND	DITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICA	AL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
0. SCHEDULE H: PAYMENT	MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	OF C/OH \$
1. SCHEDULE I: NON-POLIT	ICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$
2. SCHEDULE K: INTERES TO FILER	T, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	RNED \$

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

Date   5 Full name of contributor   out-of-state PAC (ID#:   7 Amount of contribution (\$)  6 Contributor address;   City:   State;   Zip Code    Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Contributor address;   City:   State;   Zip Code    Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Contributor address;   City:   State;   Zip Code    Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Contributor address;   City:   State;   Zip Code    Principal occupation / Job title (See Instructions)   Employer (See Instructions)	FILER NAI	ME			3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date Full name of contributor	TEET TOTAL			and the same of the	• ,b (a
Contributor address: City: State: Zip Code	Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor   out-of-state PAC (ID#					
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code	Principal o	ccupation / Job title (See Instructions)	ACM STARTIN	9 Employer (See Instruction	ins)
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code					
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	Principal o	cupation / Job title (See Instructions)	1 1 1 10	Employer (See Instruction	ons)
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:)  Amount of contribution (\$)  Contributor address; City; State; Zip Code	Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code				State; Zip Code	
Contributor address; City; State; Zip Code	Principal o	ccupation / Job title (See Instructions)		Employer (See Instruction	ons)
	Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Contributor address;	City;	State; Zip Code	
	Principal o	ccupation / Job title (See Instructions)		Employer (See Instruction	ons)
			,		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1	1 Total pages Sched	ule A2:
2 FILER NAME	E) Film D (Emira Commission File		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 40 10 033	A TOTAL OF UNITED
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	,	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
noin menuse no	Contributor address; City; State;	Zip Code	Check if travel outsi	        de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			the Second Second
				apt-sta
	ATTACH ADDITIONAL COPIES OF TI			

### PLEDGED CONTRIBUTIONS

#### SCHEDULE B

Т	The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
FILER NAM	ME .	3 Filer ID (Ethics Commission Filers)
TOTAL	OF UNITEMIZED PLEDGES	\$
Date	6 Full name of pledgor	8 Amount   9 In-kind contribution description
	The second secon	
Principal of	occupation / Job title (See Instructions)  11 Employer	(See Instructions)
Date	Full name of pledgor	Amount In-kind contribution description
	Pledgor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule
Principal oc	ccupation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of pledgor	Amount of In-kind contribution description
	Pledgor address; City; State; Zip Code	
	H + M CARTHONE SET I' - 1	Check if travel outside of Texas. Complete Schedule
Principal of	ccupation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$   description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principal oc	ccupation / Job title (See Instructions) Employer	(See Instructions)
		*

### LOANS

### SCHEDULE E

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME	Commission from the Commission of Commission	Action of the service	3 Filer ID (Ethics Commission Filers
TOTAL OF UN	IITEMIZED LOANS	nari amala re egipti administratiji il 1864	\$ 1171 8 11 anabata? angun sam
Date of loan	7 Name of lender  ut-of-stat	e PAC (ID#:)	9 Loan Amount (\$)
	States	_ngus tita	Alexand I Payer a
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	nologica all (c)		11 Maturity date
Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	SAUGONGALE
1 Description of Coli  ☐ none	ateral Magnes some	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	CA State;	16051	e torus (\$1 security
	tion (See Instructions)	21 Employer (See Instructions)	1 0 m 10 m 10 m
	tion (See Instructions)	16.0 1	Loan Amount (\$)
Date of loan  Is lender	tion (See Instructions)	21 Employer (See Instructions)	Loan Amount (\$)
Principal Occupa  Date of loan	tion (See Instructions)  Name of lender	21 Employer (See Instructions)	SVANDA SO SD SDANDA
Date of loan  Is lender a financial Institution?	tion (See Instructions)  Name of lender	21 Employer (See Instructions)	Interest rate
Date of loan  Is lender a financial Institution?	Name of lender out-of-sta  Lender address; City;  on / Job title (See Instructions)	21 Employer (See Instructions)  ste PAC (ID#:)  State; Zip Code  Employer (See Instructions)	Interest rate  Maturity date
Date of loan  Is lender a financial Institution?  Y N  Principal occupati	Name of lender out-of-sta  Lender address; City;  on / Job title (See Instructions)	21 Employer (See Instructions)  ste PAC (ID#:)  State; Zip Code  Employer (See Instructions)	Interest rate  Maturity date  ds were deposited into political
Date of loan  Is lender a financial Institution?  Y N  Principal occupation	Name of lender out-of-sta  Lender address; City;  on / Job title (See Instructions)	21 Employer (See Instructions)  stee PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal fun	Interest rate  Maturity date  ds were deposited into political
Date of loan  Is lender a financial Institution?  Y N  Principal occupati  Description of Coll  none  GUARANTOR INFORMATION	Name of lender out-of-sta  Lender address; City;  on / Job title (See Instructions)  ateral  Name of guarantor  Guarantor address; City;	21 Employer (See Instructions)  stee PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal fun	Interest rate  Maturity date  Inds were deposited into political stions)  Amount Guaranteed (\$)
Date of loan  Is lender a financial Institution? Y N  Principal occupati  Description of Coll  none  GUARANTOR INFORMATION  not applicable	Name of lender out-of-sta  Lender address; City;  on / Job title (See Instructions)  ateral  Name of guarantor  Guarantor address; City;	21 Employer (See Instructions)  Inter PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal fundaccount (See Instructions)	Interest rate  Maturity date  Inds were deposited into political stions)  Amount Guaranteed (\$)

### 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Transportation Equipment & Related Expense

otal pages Schedule F1:	The Instruction Guide explains how to c		3 Filer ID (Ethics	Commission Files
otal pages Schedule F1.	2 FILER NAME	-W	3 Filer ID (Etnics	Commission Filers
Date	5 Payee name	do	4	for every
amount (\$)	7 Payee address;	City;	State;	Zip Code
	and the same of th			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		M or
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	epauly in Helia			
Amount (\$)	Payee address;	City;	State;	Zip Code
	21 time and that metoschore			
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 Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	portugu, da		a see a line and
Amount (\$)	Payee address;	City;	State;	Zip Code
	CLOTE II			
PURPOSE OF EXPENDITURE	.Category (See Categories listed at the top of this schedule)	Description	to the	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

### UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

	Event Expense	Loan Repayment/Reimburs	ement Solicitation/Fundraisir	ng Expense
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Fees Food/Beverage Expense By Gift/Awards/Memorials B	Office Overhead/Rental Ex Polling Expense	pense Transportation Equipr Travel In District Travel Out Of District	nent & Related Expense
Our Idiana		ide explains how to complete this	form.	aluc I
Total pages Schedule F2	2: 2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
TOTAL OF UNITE	 EMIZED UNPAID INCURRE	D OBLIGATIONS	\$ 1100 \$ 1100 \$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	C	ity; State;	Zip Code
9 TYPE OF				
EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	t the top of this schedule) (b) Descri	ption	
	(c) Check if travel outside of Tex	cas. Complete Schedule T.	heck if Austin, TX, officeholder living	expense
14 Complete ONLY if direct	Candidate / Officeholder	Office sought	Office h	-14
11 Complete ONLY if direct expenditure to benefit Co		r name Office sought	Office h	eld
expenditure to benefit Co	/ОН	Pasanapag & Tenans	Office h	eld Zip Code
expenditure to benefit Ca	Payee name	Pasanapag & Tenans	FOR HORIZING ELESSONA	
expenditure to benefit Ca	Payee name	Pasanapag & Tenans	FOR HORIZING ELESSONA	
Date  Amount (\$)	Payee name Payee address;	C Non-Political	FOR HORIZING ELESSONA	
Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name  Payee address;  Political  Category (See Categories listed a	Non-Political  It the top of this schedule)  Descri	ity; State;	Zip Code
Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name  Payee address;  Political  Category (See Categories listed a	Non-Political  In the top of this schedule)  Description of the schedule T.	ity; State; ription Check if Austin, TX, officeholder livin	Zip Code
Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address;  Political  Category (See Categories listed a	Non-Political  It the top of this schedule)  Description of the schedule T.	ity; State; ription Check if Austin, TX, officeholder livin	Zip Code
Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address;  Political  Category (See Categories listed a	Non-Political  It the top of this schedule)  Description of the schedule T.	ity; State; ription Check if Austin, TX, officeholder livin	Zip Code

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Application of the contract of	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	of an analysis of the second o
	6 Address of person from whom investment is purchased;	City; State; Zip Code
o ge	7 Description of investment	
	Tentrus - sour	15 -97 - 100
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	BAILT HEART
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	a sultre a	
	Amount of investment (\$)	Table 1970 Table 1970 Table 1970
	der sollto Diffice sought Office sell.	Table of Control of the Control of t
	ATTACH ADDITIONAL COPIES OF THIS S	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)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor 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** (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged **6 PAYMENT** \$ 7 PAYEE (a) Payee name City, State, Zip Code (b) Payee address; **8 PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged PAYMENT \$ PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Complete ONLY if direct Office Held expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged \$ PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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
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

Printing Expense Salaries/Wages/Contract Labor

he Instruction Guide explains how to complete this form

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The instruction during explains flow to	complete this form.
Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission File
Date	5 Payee name	109 TO
Amount (\$)	7 Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	yes wastes and a	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	and a second and a second seco
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	20 A 10.1	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	rantument (n.)	e p = 0000 = 0 = 2 = 000
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
LA LIBITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
		Office sought Office held

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

SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name 6 Amount (\$) 7 Business address; City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; Amount (\$) City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule 1:	2 FILER NAME		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name	(6 g) (6 k)) - 2		rotal agapt of I
6 Amount (\$)	7 Payee address;	City	Sta	te Zip Code
anas și				2 111 113
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions regarding to	ype of information
EXPENDITURE	Manufact (d) problem and		1.5	2307.000
Date	Payee name	- by		PAI/TIEWS
Amount (\$)	Payee address;	City	Sta	te Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See In required.)	nstructions regarding t	ype of information
Date	Payee name			
Date Amount (\$)	Payee name  Payee address;	City	Sta	ite Zip Code
	Rompanago	City	Sta	ite Zip Code
	Rompanago		Sta	3 40000
Amount (\$)  PURPOSE OF	Payee address;  Category (See instructions for examples of acceptable	Description (See i		3 40000
PURPOSE OF EXPENDITURE	Payee address;  Category (See instructions for examples of acceptable categories.)	Description (See i		lype of information

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

### SCHEDULE K

The Instruction Guide explains how to complete this form.						ule K:	
2	FILER NAME	FILER NAME 3 Filer ID (Ethic					
4	Date	5 Name of person from whom amount is received			orga za	(ACMARINE)	8 Amount (\$)
		6 Address of person from whom amount is received; City; State; Zip Code					Schedule F3  Schedule F3  Cutoe of pyell  Y
		7 Purpose for which amount is received		Check if politi	ical contrit	bution r	returned to filer
	Date	Name of person from whom amount is received	taylori i	SELVENT DE S-ERGER	ा क		Amount (\$)
		Address of person from whom amount is received;	City;	State;	Zip Code	е	
		Purpose for which amount is received		Check if politi	ical contril	bution r	returned to filer
	Date	Name of person from whom amount is received	o entire de	note to work to	0 1 2 1 1	23501	Amount (\$)
		Address of person from whom amount is received;	City;	State;	Zip Cod	le	
		Purpose for which amount is received		Check if politi	ical contril	bution r	returned to filer
	Date	Name of person from whom amount is received	(L)a m		2 3 mm 22		Amount (\$)
		Address of person from whom amount is received;	City;	State;	Zip Code	3	Notice Opposite
		Purpose for which amount is received		Check if politi	cal contrib	bution re	eturned to filer
		ATTACH ADDITIONAL COPIES OF TH	IIS SCH	HEDULE AS	NEEDED		

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

#### SCHEDULE T

ii tile requested i	mormation is not	applicable, DO NOT	include this page	in the report.				
The Instr	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	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expen	diture reported on:							
5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule E								
Schedule F2	Schedule F		Schedule C2	Schedule D Schedule F1  Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person	n(s) traveling						
	8 Departure city or name of departure location							
9 Destination city or name of destination location								
10 Means of transporta	tion 11 Pu	rpose of travel (including	name of conference,	seminar, or other event)				
Name of Contributor	/ Corporation or Labo	or Organization / Pledgor	/ Payee					
Contribution / Expen	diture reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F	Country of designs (2)	Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Name of perso	n(s) traveling						
Departure city or name of departure location  Destination city or name of destination location								
							Means of transporta	ation Pt
Name of Contributor	/ Corporation or Lab	or Organization / Pledgor	/ Payee					
Contribution / Expen	diture 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	ion city or name of destination location						
Means of transporta	ation P	urpose of travel (including	g name of conference,	seminar, or other event)				
		A CONTROL OF THE BOTTON	10 m 100 anima	(District Con				
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED				

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT FORM C/OH - FR

		The Instruction Guide explains how to complete this form.  •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N							
3	SIGNA							
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder						
4	4 FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below only if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS						
	Chec	k only one: Posessia for those through the accompany to the through the interest of the through						
		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 from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may not reta unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS						
	Chec	k only one:						
		I do not retain assets purchased with political contributions or interest or other income from political contributions.						
I do retain assets purchased with political contributions or interest or other income from political contribution that I may not convert assets purchased with political contributions or interest or other income from political personal use. I also understand that I must dispose of assets purchased with political contributions in accordance requirements of Election Code, § 254.204.								
		Superspective ethics appeared on the control of the						
		Signature of Candidate						
5		EHOLDER						
	·· Com	plete this section only if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
		Signature of Officeholder						



# **AFFIDAVIT FOR**

		LING EXEMPTION	1777	
		be submitted with each paper report.	Date Hand-delive	ered or Date Postmarked
\$32,810 in political contril	eginning on January 1, 2024, a candidate or officeholder who has accepted more than 32,810 in political contributions or made more than \$32,810 in political expenditures a <u>any</u> calendar year must file all subsequent reports electronically.			Amount \$
			Date Processed	
Filer name	Dabrius yai mww matsemba ee Mikawaa a sale a Trigo a sa sa	Filer ID #	Date Imaged	
<ul><li>2. I further swear or at contributions, politic</li><li>3. I further swear or at</li></ul>	cal expenditures, or per ffirm that no person acti	s in a calendar year.  Imputer equipment to keep curre  sons making political contribution  ng as my agent or consultant, ar  o current records of political cont	ns to me. nd no persor	with whom I
expenditures, or pe	ersons making political c	contributions to me.	district or or	
electronically if I, m contributions or pol	ly agent or consultant, o litical expenditures in a c	hat I am required to file my camp or a person with whom I contract calendar year, or uses computer xpenditures, or persons making	exceeds \$32 equipment	2,810 in political to keep current
<ol><li>I am filing this affida I understand that the claiming an exempt</li></ol>	avit with the	report due on o be filed with each campaign fin g.	ance report	for which I am

Please complete either option below:

(1) Affidavit							
NOTARY STAMP/SEAL			DE	i Licentists die Fi	Signature	of Filer	
Sworn to and subscribed before	re me by	= 00 k, (d'= )	n	this	s the	day of	
20, to certify which	n, witness my hand	d and seal of office.					
Signature of officer administering	oath	Printed name of	officer administ	ering oath		Title of officer	r administering oath
			OR				
(2) Unsworn Declaration							
My name is			, ar	, and my date of birth is		1,5	H3.1112
My address is	(stree	t)	,	(city)	' <u>(state)</u> '	(zip code)	(country)
Executed in	County, Sta	te of	, on the	day of _	(month)	, 20 (year)	
	111		nito me <u>ae</u>	Si	gnature of Fi	ler (Declarant)	(May)

OFFICE USE ONLY

Date Received