Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 Due 15 of (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5016

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:

OFFICE USE ONLY

Date Received

FILED 02 JAN 15 PM 4:07 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS

Receipt

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: Micheal MI: S.

NICKNAME: Mike LAST: Hanson SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 19061 APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78760

5 CAMPAIGN TREASURER NAME

TITLE: MS. FIRST: Melissa MI: K.

NICKNAME: LAST: Hanson SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 9903 Capital View Dr. APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78747

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 656-0523 EXTENSION:

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 12/14/01 THROUGH Month Day Year: 12/31/01

10 ELECTION

ELECTION DATE Month Day Year: 03/12/02

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (If any):

12 OFFICE SOUGHT (If known): County Commissioner Pct. 4

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Micheal Scott Hanson (mike)

15 ACCOUNT # (Ethics Commission filers):

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE	
[X] GENERAL	COMMITTEE NAME: Mike Hanson for County Commissioner
[ ] SPECIFIC	COMMITTEE ADDRESS: P.O. Box 19061 Austin, TX 78760
	COMMITTEE CAMPAIGN TREASURER NAME: Melissa Kay Hanson
[ ] additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS: 9903 Capital View Drive Austin, TX 78747

17 NO REPORTABLE ACTIVITY

[ ] Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 620.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

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.

Michael Hanson
Signature of Candidate or Officeholder
Melissa Hanson

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Hanson, this the 15 day of JAN, 19 2002, to certify which, witness my hand and seal of office.

John B Welch
Signature of officer administering oath

John B Welch
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

JOHN B. WELCH, III
NOTARY PUBLIC
State of Texas
Comm. Exp. 12-18-2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Chris Gorhitt Austin, TX 78745	$100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Wally Andrews 6804 B Kenosha Pass Austin, TX 78749	$25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Joyce Allison & Arlene Wingo RR 2 Box 386 ~~Austin~~ Kempner TX 76539-9308	$30.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Oscar Easterly 12801 Meeker Dr. Austin, TX 78727	$25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Emil Dalmas 8617 Spicewood Springs Austin, TX 78759-4349	$20.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Paul & Monica ERD 6 Contributor address; City; State; Zip Code 7732 Manassas DR, Austin, TX 78745	$100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
	JOY HANSON Contributor address; City; State; Zip Code 504 Sunrise Cir, Austin, TX 78704	$100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
	Georgia Gouea Contributor address; City; State; Zip Code 1201 Simays, Round Rock, TX 78664	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
	Elton Boyd Singer, JR. Contributor address; City; State; Zip Code 1008 Hermitage DR, Austin TX 78755-5864	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☒ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
	George Pullian Contributor address; City; State; Zip Code 1102 Settlers Valley Pflugerville TX 78660	$100.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B
(FOR FORMS C/OH & SPA

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Ray Bowman P.O. Box 88 Weir, TX 78674	$20.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	HANK JOHNSON 1822 - Bitter Creek DR. Austin, TX 78744	$20.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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PLEDGED CONTRIBUTIONS

SCHEDULE B
(FOR FORMS C/OH & SPA

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B
(FOR FORMS C/OH & SPA

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	$

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out of state PAC

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)

8 Purpose of expenditure	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

6 Business address; City; State; Zip Code

7 Amount ($)

8 Purpose of payment

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date

Business name

Business address; City; State; Zip Code

Amount ($)

Purpose of payment

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date

Business name

Business address; City; State; Zip Code

Amount ($)

Purpose of payment

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date

Business name

Business address; City; State; Zip Code

Amount ($)

Purpose of payment

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME	2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing 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

Check 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 contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete 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.

Signature of Officeholder

exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE NAME	TITLE / FIRST / MI NICKNAME / LAST / SUFFIX	OFFICE USE ONLY Acct. # Date Received
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
4 CANDIDATE PHONE	AREA CODE ( ) / PHONE NUMBER / EXTENSION	HD/PM Date Processed
5 OFFICE HELD (If any)		Date Imaged
6 OFFICE SOUGHT (If known)		
7 CAMPAIGN TREASURER NAME	TITLE / FIRST / MI / NICKNAME / LAST / SUFFIX	
8 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE ( ) / PHONE NUMBER / EXTENSION	

10 NEPOTISM STATEMENT and CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.

Signature of Candidate

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.** •• **This declaration must be filed no later than the 30th day before the first election to which the declaration applies.** •• •• **The modified reporting option is valid for one election cycle only.** •• (An election cycle includes a primary election, a general election, and any related runoffs.) I do not intend to accept more than $500 in political contributions or make more than $500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report. Year of election(s) or election cycle to which declaration applies — Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.