#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Heath NAME Date Received NICKNAME LAST SUFFIX Reed-Green 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE OFFICEHOLDER Round Rock Texas 78681 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512 796-9971 **PHONE** Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN TREASURER ROUND ROCK TX 78681 ADDRESS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (512)9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 15/2024 11 24 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Other Description Primary Runoff Month Day Year Special 11 / 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Director (Place 2) Director (Place 2) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.30			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* O. 00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 6.00			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
10	1 et a	116			
	- Butto la	ed:			
	Signature of Car	ndidate or Officeholder			
	Disease assemble to either entire helev				
	Please complete either option below	•			
(1) Affidavit	CARA GOBEA  Notary Public, State of Texas  Notary ID# 13357413-0  My Commission Expires  FEBRUARY 7, 2026				
NOTARY STAMP/SEA					
Sworn to and subscribed		15th day of August,			
20 <u>24</u> , to certify	which, witness my hand and seal of office.	Notary			
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath			
digitative di dinimistra	OR				
(2) Unsworn Declaration					
My name is	, and my date of birth is				
	,,,	,			
	(6.56.)	tate) (zip code) (country)			
Executed in	County, State of , on the day of (month	, 20 (year)			
	Signature of Candid	ate/Officeholder (Declarant)			

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS \$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

			WHAT I SHE I						
	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#:)	7 Amount of contribution (\$)					
		6 Contributor address; City;	State; Zip Code						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)					
		Contributor address; City;	State; Zip Code						
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)					
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)					
		Contributor address; City;	State; Zip Code						
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)					
	Date	Full name of contributor out-of-state PAC	; (ID#;)	Amount of contribution (\$)					
		Contributor address; City;	State; Zip Code						
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)					
	V-, 1-17		and the state of t						
	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

TI	he Instruction Guide explains how to complete this form	n.,	1 Total pages Schedule A2:			
2 FILER NAM	ΙΕ		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outside	      de of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct	THIS SCHEDI	JLE AS NEEDED  additional reporting	g requirements.		

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	The	Instruction Guide explain	1 Total pages Schedule B:						
2	FILER NAME				3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF	UNITEMIZED PLED	GES		\$				
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description			
			City; Sta	te; Zíp Code		 			
		77. (11.00.40.11.		44 5		side of Texas. Complete Schedule T.			
10	10 Principal occupation / Job title (See Instructions)  11 Employer (See Instructions)								
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	I In-kind contribution description			
		Pledgor address;	City; Sta	ate; Zip Code		 			
					Check if travel outs	side of Texas. Complete Schedule T.			
	Principal occup	oation / Job title (See Instruc	ctions)	Employer (See	Instructions)				
	Date		[] *** ** ** ** ** ** ** ** ** ** ** ** *		Amount of				
	Date	Full name of pledgor	out-of-state PAC (ID#:	/	Amount of Pledge \$	In-kind contribution description			
		Pledgor address;		ate; Zip Code		 			
					Check if travel outs	l, side of Texas. Complete Schedule T.			
	Principal occu	l pation / Job title (See Instru	ctions)	Employer (See	Instructions)				
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description			
		Pledgor address;	City; State			 			
					Check if travel outs	I side of Texas. Complete Schedule T.			
_	Principal occup	l pation / Job title (See Instruc	ctions)	Employer (See	Instructions)				
	If	ATTACH contributor is out-of-stat	ADDITIONAL COPIES  e PAC. please see inst			g requirements.			

### LOANS SCHEDULE E

The	Instruction Guide explains how to compl	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	NITEMIZED LOANS		\$			
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)			
6 is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date			
Y N			Tr waturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Collateral  15 Check if personal for account (See Instru			ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	<b>18</b> Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupa	ltion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	ateral		ds were deposited into political			
none		account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	ion (See Instructions)	Employer (See Instructions)				
If le	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code 7 Payee address; City; State: (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

**PURPOSE** OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Credit Card Payment

4 Date

8

Date

Date

Amount (\$)

Amount (\$)

6 Amount (\$)

OF

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Category (See Categories listed at the top of this schedule)

Payee name

Payee address;

Office sought

City;

Description

Office held

Zip Code

State:

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Ove Polling Ex se Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
		The Instruction Guide e	xplains how to o	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITER	MIZED UN	IPAID INCURRED C	BLIGATION	IS	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	and the second of the second o	Political	Non-Po	olitical			
10	(a) Catego	ry (See Categories listed at the to	p of this schedule)	(b) Description			
PURPOSE OF Expenditure							
	(c)	Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Aus	stin, TX, officeholder living ex	kpense	
11 Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder nam	ne (	Office sought	Office hel	d	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE	Grand	Political	Non-P	plitical			
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the to	p of this schedule)	Description			
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if A	ustin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Ol		ndidate / Officeholder nam	ne (	Office sought	Office hel	d	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## 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		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; Cit	
	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	y; State; Zip Code
	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees 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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 2 FILER NAME 1 TOTAL PAGES 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD **ISSUER** 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 8 PURPOSE OF (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Held Candidate / Officeholder name Office Sought 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **PAYMENT** PAYEE (b) Payee address; (a) Payee name City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office Held Office Sought Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (a) Amount Charged **PAYMENT** Zip Code PAYEE (a) Payee name (b) Payee address; City, State. (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Check if Austin, TX, officeholder living expense Non-Political Check if travel outside of Texas. Complete Schedule T. Office Held Office Sought Candidate / Officeholder name Complete ONLY if direct 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 Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)				
	I <b></b>	•			I a			
1 Total pages Schedule G:	2 FILER NA	ME.			3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee na	me						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF EXPENDITURE	OF							
EXPENDITURE	(c)	Check if travel outside of Texas. Complete So	hedule T.	Check if Austin	ck if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
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			n, TX, officeholder living e	xponse			
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
EXPERDITORE		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	n, TX, officeholder living e	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office O Polling I Printing	payment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Oreal Carer ayment		The Instruction Guide exp	lains how to	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME:			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of thi	s schedule)	Description		
EXPENDITURE		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name	100			
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of th	is schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDUI F AS NEE	-DED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regai	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

#### SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Schee	dule K:				
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)				
4	Date	5 Name of person from whom amount is received		8 Amount (\$)				
		6 Address of person from whom amount is received; City; Star	te; 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		Amount (\$)				
		Address of person from whom amount is received; City; Sta	ate; Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; Sta		-				
		Purpose for which amount is received Check if	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; Sta	ate; 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 F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS					
6 Dates of travel 7 Name of person(s) traveling	7 Name of person(s) traveling					
8 Departure city or name of departure location	8 Departure city or name of departure location					
9 Destination city or name of destination 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 F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 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, s	seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED					

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	<ul><li>Complete only if "Report Type" on page 1 is marked "Final Report"</li></ul>						
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE					
	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 <i>only</i> if you are not an officeholder.						
	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		EHOLDER plete this section <i>only</i> 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 CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

LEEG TRONIG TIENG	XLIIII IION				
An exemption affidavit must be submitte	Date Hand-delivered or Date F	Date Hand-delivered or Date Postmarked			
Beginning 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 in <u>any</u> calendar year must file all subsequent reports electronically.			\$		
		Date Processed			
Filer name Filer ID #		Date Imaged			
I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.					
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.					
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.					

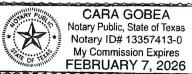
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5. I am filing this affidavit with the <u>8-(5-2024</u> report due on <u>8-(5-2024</u> I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

My address is \_\_\_



Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by

Heath Reed-Green this the 15

of August,

to certify which, witness my hand and seal of office.

Cara Gobea

Printed name of officer administering oath

OR

Title of officer administering oath

OFFICE USE ONLY

Date Received

### (2) Unsworn Declaration

My name is \_\_\_\_\_\_, and my date of birth is \_\_\_\_

(street)

Executed in \_\_\_\_\_ , on the \_\_\_\_\_ , da

(month) (year)

(zip code)

Signature of Filer (Declarant)

(state)

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