CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commissi	on Filers) 2 Tota	al pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Patrick	MI S		OFFICE USE ONLY
NAME	NICKNAME Packy	LAST Kissick	SUFI	Date Re	ceived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 605 SW 14th Street Se		CITY; STATE; ZIP C	CODE	★ Jul 02 2025 ★
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (432) 201	PHONE NUMBER 9-6471	EXTENSION	Date H	# Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR Mr	FIRST Patrick	MI S	Date Pro	
NAME	NICKNAME Packy	LAST Kissick	SUFF		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (605 SW 14th Street Sen	· · · · · · · · · · · · · · · · · · ·	SUITE #; CITY;		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (432) 209	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before		lodified	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	Reporting Li		Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year 01 2025	THROUGH 06	Month Day	Year 2025
11 ELECTION	Month Day	Year Primary Genera	Runoff Oth	ION TYPE ner scription	
12 OFFICE	OFFICE HELD (if any) Gaines County, Texas J	lustice of the Peace Precinct 1	13 OFFICE SOUGHT	(if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT	THE CANDIDATE'S OF	LITICAL COMMITTEES TO SUPPORT R OFFICEHOLDER'S KNOWLEDGE OR /E NOTICE OF SUCH EXPENDITURES.
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Patrick "Packy" Kissick				16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		N	\$ 0	
	2.	TOTAL POLITICAL CONTRIB	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL	_ EXPENDITURE.		\$ 0	
	4.	TOTAL POLITICAL EXPENDI	TURES		\$ 0	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY	\$ 0	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C	OF THE	\$ 0	
		ffirm, under penalty of perjury, the reported by me under Title 15, El	nat the accompanying report is truection Code.	ue and co	rrect and inc	ludes all information
			Signature of C	andidate	or Officehold	er
			Signature of C	andidate	or Officeriold	GI
		Please compl	ete either option belov	w:		
(1) Affidavit						
(I) Allidavit						
NOTARY STAMP/SEAI	L					
Sworn to and subscribed	before me	e by	this the		_ day of	,
20, to certify	which, witr	ess my hand and seal of office.				
Signature of officer administe	ering oath	Printed name of office	per administering oath		Title of office	r administering oath
			OR			
(2) Unsworn Declaration	on					
My name isPatrick "Packy" K			, and my date of birth is	07/09/197 S	1	
	Street		, <u>Seminole</u> , <u>T</u>	-x	79360, _	Gaines
Executed in Gaines		(street) County, State of	(city) _, on the day of (mont		(zip code) , 20 ²⁵ (year)	(country)
			Signature of Cand			larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	nmission 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 CONT	RIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	JSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	FRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	•
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	otions)
	Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDIT	IONAL CODIES	OF THIS SCHEDULE AS N	NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			-		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	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	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	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 outsi	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	ULE AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
		_	state; Zip Code		
				Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Stat	te; Zip Code	,	
					ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
					<u>-</u>
		ATTAQUARRITONAL COST	OF THE OCCUPATION	I E AC NEEDED	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE 49 NEEDED	

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

LOANS SCHEDULE E

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

	ii the requested	information is not applicable, bo NC	or include this page in the rep	port.
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME	3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12		on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral			Check if personal fund account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	_	Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
		ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	:DED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		I	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

g Expense Travel In District
ng Expense Travel Out Of District
es/Wages/Contract Labor Other (enter a category r

	Candidate/Officeholder/Politica	l Committee	Legal Services		Salaries/W	ages/Contract La	bor		nter a category	not listed above)
			The Instruction Gui	de explains	how to co	omplete this fo	orm.			
1	Total pages Schedule F2:	2 FILER	NAME					3 Filer I	D (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	1IZED UN	IPAID INCURREI	D OBLIG	ATIONS	S		\$		
5	Date	6 Payee	name				,			
7	Amount (\$)	8 Payee	address;			City	y;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Pol	itical				
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at t	the top of this s	chedule)	(b) Descript	iion			
		(c)	Check if travel outside of Texa	s. Complete Sch	nedule T.	Che	ck if Austir	n, TX, office	eholder living e	expense
11	Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
	Amount (\$)	Payee	address;			City	y;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical				
	PURPOSE OF EXPENDITURE	Catego	vry (See Categories listed at I	the top of this s	chedule)	Descrip	otion			
			Check if travel outside of Tex	as. Complete S	chedule T.	Ch	eck if Aust	tin, TX, offi	ceholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
		ATTA	CH ADDITIONAL C	OPIES OF	THIS S	CHEDULE A	AS NEE	DED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pa	ages Schedule F3:		
2	FILER NAME		3	Filer ID	(Ethics Commission	n Filers)	
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; City	y;		State;	Zip Code	
		7 Description of investment					
		8 Amount of investment (\$)					
	Date	Name of person from whom investment is purchased					
		Address of person from whom investment is purchased; City	· · · · · · ';		State;	Zip Code	
		Description of investment					
		Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	O TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	(b) Description	
	(c) Check if travel outside of Texas. Complet	e Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	is schedule) Description	
	Check if travel outside of Texas. Complete	te Schedule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

ng Expense Travel In District
ting Expense Travel Out Of District
Travel Out Of District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politic	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	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	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
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 expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Filer ID	(Ethics Co	ommission 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 regar	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	finformation
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f 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	f 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 Schedule K:			
2 FILER NAME	3 Filer ID (Ethics 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; Si	itate; 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; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; Si	itate; 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; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

	tion to the applicable, 20 fto 1 monato tine page			
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 / Corpo	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure re	ported on:			
Schedule A2				
Schedule F2				
Scriedule F2	F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Na	7 Name of person(s) traveling			
8 De	8 Departure city or name of departure location			
9 De	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 re	ported on:			
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1			
Schedule F2				
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Do	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, s	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling				
D	Departure city or name of departure location			
Do	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	JAME	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				
		9			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from	m 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.				
			ignature of Candidate		
5 OFFICEHOLDER •• Complete 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.				
		Sig	gnature of Officeholder		