Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: RECEIVED - CSO 12 MAY -4 PM 4:57

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mrs. FIRST: Charla MI: Hawkes
NICKNAME LAST: Vinyard SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: 1908 Bever Blvd. APT / SUITE #: CITY: Arlington STATE: TX ZIP CODE: 76013

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) PHONE NUMBER: 228-8758 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. FIRST: Larry MI:
NICKNAME LAST: Johnson SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 3916 West I-20, Ste 160 APT / SUITE #: CITY: Arlington STATE: TX ZIP CODE: 76017

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) PHONE NUMBER: 992-3485 EXTENSION

9 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)

10 PERIOD COVERED
Month Day Year: ~~January 1 2012~~ April 12 - 2012. THROUGH Month Day Year: ~~April 12 2012~~ May 4, 2012

11 ELECTION
ELECTION DATE Month Day Year: 5 / 12 / 2012
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☑ Special

12 OFFICE
OFFICE HELD (if any):
13 OFFICE SOUGHT (if known): Arlington, TX City Council Place 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Charla Hawkes Vinyard

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

☑ additional pages

COMMITTEE TYPE
☐ GENERAL
☑ SPECIFIC

COMMITTEE NAME: Apartment Association of Tarrant Cnty.

COMMITTEE ADDRESS: 6350 Baker Blvd., Fort Worth, TX 76118

COMMITTEE CAMPAIGN TREASURER NAME: Perry Pillow

COMMITTEE CAMPAIGN TREASURER ADDRESS: 6350 Baker Blvd.

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 100.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,200.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 25,694.18

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2045.00

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 40,417.26

18 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.

Charla Hawkes Vinyard
Signature of Candidate or Officeholder

KAREN WILLIAMS
Notary Public, State of Texas
My Commission Expires
December 31, 2015

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charla Hawkes Vinyard, this the 4th day of May, 20 12, to certify which, witness my hand and seal of office.

Karen Williams	Karen Williams	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4 (four)

2 FILER NAME: Charla Hawkes Vinyard

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
April 2, 2012	Mr & Mrs R Brent Cooper 3109 Shadow Rock West Arlington, TX 76006-2771	$500.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 2, 2012	Mr & Mrs Brian Cotter 2004 Hill Country Ct. Arlington, TX 76012	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
April 19, 2012	Tommy McRoberts 5202 Bradley Lane Arlington, TX 76017	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	[illegible]		(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mr & Mrs Bill Zedler 5502 Hidden Trails Dr. Arlington, TX 76017-1168	$150.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Charla Hawkes Fingad

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
May 1, 2012	Mr + Mrs Johnny Scheuermann 2701 Whispering Trail Arlington, TX 76013	$50.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mr + Mrs James Laney 3101 Newport Court Arlington, TX 76015	$50.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mr + Mrs Jon Cigarowitz 2018 Iron Horse Ct. Arlington, TX 76017	$50.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mr + Mrs L.H. Johnson 2408 Castle Rock Rd. Arlington, TX 76006	$500.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Charla Hawkes Finzel

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
May 1, 2012	Coy E. Garrett 709 Arcady Lane Colleyville, TX 76034	$250.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mr. + Mrs. George Mahan 2119 Norfolk Drive Arlington, TX 76015	$50.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Catherine A. Dickson 1104 N. Lovers Lane Arlington, TX 76013	$75.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mr. + Mrs. Eric English 4209 Kelly Elliott Arlington, TX 76016	$100.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
May 1, 2012	Mrs. Jana Gibson 1100 N. Lovers Lane Arlington, TX 76013-3820	$50.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Charla Hawkes Finyard

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
May 1, 2012	Mr. & Mrs. Thomas O. Dean 2120 Pinewood Cir. Arlington, TX 76001	$75.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
April ~~May~~ 5, 2012	Mr. & Mrs. Gerald K. Rasberry 4496 Columbine Court Murrells Inlet, S.C. 29576	$200.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: Charla Hawkes Tinyard	3 ACCOUNT # (Ethics Commission Filers)

4 Date: 4/20/2012
5 Payee name: Allegra Printing
6 Amount ($): $187.40
7 Payee address; City; State; Zip Code: 1021 N. Abram Arlington, TX 76013
8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule): Printing Expense
(b) Description (If travel outside of Texas, complete Schedule T): printed cards
9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Charla Hawkes Tinyard | Office sought: Arlington CC Place 8 | Office held:

Date: 4/18/2012
Payee name: Ideas in Motion
Amount ($): $548.67
Payee address; City; State; Zip Code: 4552 Beltway Addison, TX 75001
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Advertising Expense
Description (If travel outside of Texas, complete Schedule T): printed pens
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Charla Hawkes Tinyard | Office sought: Arlington CC Place 8 | Office held:

Date: May 1, 2012
Payee name: Inovar Packaging Group
Amount ($): $940.00
Payee address; City; State; Zip Code: 611 Majic Mile Arlington, TX 76011
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Advertising
Description (If travel outside of Texas, complete Schedule T): Signs
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Charla Hawkes Tinyard | Office sought: Arlington CC Place 8 | Office held:

Date: April 25, 2012
Payee name: Nuts and Bolts
Amount ($): $492.77
Payee address; City; State; Zip Code: 2320 Collins Street Arlington, TX 76014
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Advertising Exp.
Description (If travel outside of Texas, complete Schedule T): T-posts
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Charla Hawkes Tinyard | Office sought: Ar. CC, Place 8 | Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: Charla Hawkes Vingard	3 ACCOUNT # (Ethics Commission Filers)
4 Date: apr 23, 2012	5 Payee name: Craig Ownby	
6 Amount ($): $3,750.00	7 Payee address; City; State; Zip Code: 7106 Lighthouse Road, Arlington, TX 76002	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Political Campaign management + Consulting	(b) Description (If travel outside of Texas, complete Schedule T): Consulting Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Charla Hawkes Vingard	Office sought: Arlington CC, Place 8

Date: May 1, 2012	Payee name: Texas Polling + Campaign dialers	
Amount ($): $1,010.00	Payee address; City; State; Zip Code: P.O. Box 1900 Mansfield TX 76063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising	Description (If travel outside of Texas, complete Schedule T): dialer calls
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Charla Hawkes Vingard	Office sought: Arl CC Place 8

Date	Payee name: Booker Industries	
Amount ($): $18,626.34	Payee address; City; State; Zip Code: 5415 Maple ave. Ste 230 Dallas, TX 75235	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Printing Exp	Description (If travel outside of Texas, complete Schedule T): Printed cards + mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Charla Hawkes Vingard	Office sought: Arl CC Place 8

Date: April 17, 2012	Payee name: Colonial Storage	
Amount ($): $139.00	Payee address; City; State; Zip Code: Randol Mill Rd, Arlington TX 76012	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule):	Description (If travel outside of Texas, complete Schedule T):
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name:	Office sought: Office held:

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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 (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME N/A	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount ($)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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 A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 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 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 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. 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