## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PR	OVIDED UN	NLESS INDI	ICATED	AS OPTIONA	AL <sup>1</sup> Failure to	provi	de require	ed information	may result in	rejection of application
APPLICATION FOR A PLA										ON BALLOT
TO: City Secretary/Secretary of Boa	rd		_	(name of	election)					
I request that my name be placed o	n the abo	ove-name	d offic	ial ballot as	a candidat	te for t	the office	indicated be	elow.	
OFFICE SOUGHT (Include any place	number	or other o	disting	uishing num	ber, if any	.) [	NDICATE			
Place 5						- [[	FULL		LIMEYDID	rn.
FULL NAME (First, Middle, Last)					PRINT NA	MF AS		NT IT TO APP	UNEXPIR	
$C_{L_{1}L_{2}}$	7,				<b>∕</b>	,	^	NO III IO API	EAR ON THE	BALLUI
CMISTOPhen L	oken				(1/2	~is	Cike			
PERMANENT RESIDENCE ADDRESS (C	o not inclu	de a P.O. B	ox or Ru	ıral Route. If	PUBLIC M	AILIN			(Address for wh	ich you receive
you do not have a residence address, desc 1323 Brian Riage	ribe locatio	on of reside	ence.)		campaign r	elated	correspon	dence, if availal	ole.)	nen you receive
CITY		ATE	ZIP		CITY				STATE	ZIP
Kella-	ーフ	X	120	1248	'					
DUDLIC FRANK ADDRESS (D										
PUBLIC EMAIL ADDRESS (Optional) (A which you receive campaign related emails, if av	ddress for	OCCUP	ATION	(Do not leav	re blank)	DAT	E OF BIRT	Ή	VOTER REGI	STRATION VUID
infollower for Koller, a	anabie.)	Se	17	Food.	/		Kokse		NUMBER <sup>2</sup> (C	(ptional)
TELEPHONE CONTACT INFORMATION	Optiona			Trape		4	HAM.	Contract of		
Home:	(-p		•					2	12 20 1	cc
FELONY CONVICTION STATUS (You M	IJST check	Offi	ice:	LENCTU	OF CONT				17-313-1	
I have not been finally convicted				LENGIH	OF CONTINU	JOUS I	RESIDENC			ION WAS SWORN
have been finally convicted of a		•		1111	HE STATE C		1	IN TERRITO	RY/DISTRICT/	PRECINCT FROM
pardoned or otherwise released	relany, ou from the s	ut i nave b	een		<u> 37</u> ,	/ear(s)		WHICH THE	- 7	ear(s)
disabilities of that felony convicti	on and I h	ave provid	deď							1
proof of this fact with the submis	sion of thi	s applicat	ion 3		_/0_r	nonth	(s)		<u>8</u> n	nonth(s)
*If using a nickname as part of your na	me to app	ear on the	e hallot	t, you are als	o signing ar	nd swe	aring to t	he following s		
,	аст	2031 TILLES	vear	nrinr to this	DIACTION DI	lease r	eview sec	tions 52.031,	52.032 and 5	2.033 of the Texas
	OW Harries	may be i	isted 0	n the onicial	pallot.	1				
Before me, the undersigned authority,	on this da	y persona	illy app	eared (name	e of candida	ate)(	Christ	when R	Ciker	, who
acrue of the nere and flow daily 2MOLU'	upon oati	n says:						•		
"I, (name of candidate) Christopher R. Coker of Torrort County, Texas,										
being a candidate for the office of KISI Board FTrushes Place 5, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final Judgment of a court exercising probabilities detailed by the constitution and laws of										
this state. I have not been determined	ate of Tex	as. I am a	citizer	of the Unit						
mentally incapacitated without the righ	nt to vote.	i am awa	are of t	he nenotice	ing probate	: Jurisa	C	be totally me	ntally incapac	itated or partially
status constitutes a Class B misdemean	or. I furth	er swear t	hat the	foregoing s	tatements	holude	d in my a	pplication are	in all things t	rue and correct."
				X	10					
				· · · · -						
	10				GNATURE			E		
Sworn to and subscribed before me this	the 10 (day	day of	TOD	(month)	<del></del>	023 (year)	by	(nari	PACK (	OKEF.
Mannonlitter	m					مف				
Signature of Officer Authorized to Admi	nister Oat	h4	_				RY PURSO	. MARINA	III IBEDAS	<del>-</del>
Un Characteria	mster Oati	111			Printe		e progric	enewith Public	Tio Administe , State of Texas	r <b>C</b> ath
MK SURCICITIST						10		My Commis	SSION Expires	
itle of Officer Authorized to Administer			-6				OF TEXASOR	NOTARY ID	ar 12, 2024 13277783-2	
O BE COMPLETED BY FILING OFFICE	R: THIS A	PPLICATI	ON IS	ACCOMPAN	HED BY TH	E REQ	UIRED FI	LING FFF (If	Applicable P	AID BY:
I CASH CHECK	R □ CAS	HIERS CH	IECK O	R 🗀 PETIT	ON IN LIE	J OF A	FILING F	EE		
This document and \$ filing	fee or a n	ominatin	g petit	ion of	pages re	eceive	d. İ	Voter Re	gistration Sta	itus Verified
210 12023 21	13,	2 <sub>-</sub> - =	(6	Section 1.0	007)	My	200		_	1
Date Received Date Acce			, (366	s Jecuon 1.		natura	of Eilina	Officer or Do	signes	
					JIBI	acuit	OI LIMITE	UTILLE OF DE	SOIKHEE	

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### FORM CTA PG 1

See	CTA Instruction Guide for detailed instruction	ıs.	1 Total pages filed:		
2 CANDIDATE	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
NAME	Christophe	R	Filer ID #		
:	NICKNAME LAST	SUFFIX	Date Received		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY;  1323 Brier Ridge D.  Kelle TX 14248	STATE; ZIP CODE			
	Kelle TX 14248		Date Hand-delivered or Postmarked		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt# Amount\$		
	(817) 313-1885		Date Processed		
5 OFFICE HELD (if any)			Date Imaged		
6 OFFICE SOUGHT (if known)	KISO Board of Trustees	place 5			
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	NICKNAME	LAST SUFFIX		
8 CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT/SUITE #,	CITY;	STATE; ZIP CODE		
(residence or business)	Kello ,TX 76248	1			
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (940) 390 - 5293	EXTENSION			
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Cha	apter 573 of the Te	exas Government Code.		
	I am aware of my responsibility to file the Election Code.	e timely reports as	s required by title 15 of		
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.				
			2-10-23		
	Signature of Candidate		Date Signed		
GO TO PAGE 2					

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE / **OFFICEHOLDER** Date Received NAME SUFFIX NICKNAME ZIP CODE STATE: APT / SUITE #; ADDRESS / PO BOX; 4 CANDIDATE/ OFFICEHOLDER 1323 Brian Ridge Pr. MAILING Keller .TX 76248 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ Receipt # МІ 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged ZIP CODE STATE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN **TREASURER** (940) 390-5293 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Month 10 PERIOD (first denatur) Month COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Month Description Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOA IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCESSED OF POLITICAL EARTH THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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	s Coke		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAL CONTRIBUTIONS MADE ELECT		\$ 27,035				
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$ 27,035				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ ()				
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 10,015.64				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	* 17,019,36				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	* 5,000				
	vear, or affirm, under penalty of perjury, tha uired to be reported by me under Title 15, Ele		and correct and includes all information				
		a					
		Signature of Car	ndidate or Officeholder				
	Please comple	ete either option below	:				
	JENNIFER SARAH	poewer (					
(1) Affidavit	Notary Public, State My Commission	of Texas Expires					
NOTARY STAMP/SEAL	September 25, NOTARY ID 1321						
Sworn to and subscribed b	pefore me by Christopher C	this the	day of April,				
20 03 , to certify w	hich, witness my hand and seal of office.		140 Oct 1 Serial				
Signature of officer administeri	ng oath Printed name of office	ences	Title of officer administering oath				
	Times have of office	OR	The of officer administering oath				
(2) Unsworn Declaration		200					
My name is		, and my date of birth is					
		1	· · · · · · · · · · · · · · · · · · ·				
	(street)	, ,,	ate) (zip code) (country)				
Executed in	County, State of	, on the day of(month)	, 20 (year)				
		Signature of Candida	nte/Officeholder (Declarant)				

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 27,035			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ ()			
4.	SCHEDULE E: LOANS	\$ 5,000				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ ()				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$ ()				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ 0			

### SCHEDULE A1

The Ir	nstruction Guide explains how t	to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Chais Cokes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2/1/23	Ted Jenkins 6 Contributor address; 4702 E 1145 St.	city: State: Zip Code Tulsa OK 74112	\$1,000.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)
(	consultant_	Self	T
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
3/10/23	Luke Beshara Contributor address;	City; State; Zip Code	#3,000.00
	71619th Hdo No	Fort Worth Ix 76179	
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	
AH	arey	Patel Gaine	{
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
2/1/23	Chuck Senkins Contributor address;	City; State; Zip Code	\$500.00
	1246 Smythe St.	Daniel Island SC 2949	λ
	pation / Job title (See Instructions)	Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
2/26/23	Stan Thomas Contributor address;	City; State; Zip Code	\$5,000.00
	110 Long Isles L	The Colony TX 75051	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	Health Solutions
(F	-0	>pectrum !	tec. 174 solutions
		,	
	ATTACH ADD	ITIONAL COPIES OF THIS SCHEDULE A AC, please see Instruction guide for additio	S NEEDED nal reporting requirements.

### SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Chair Char	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2/26/23	Hasan Chahadeh  6 Contributor address; City: State; Zip Code	\$500.00
	5025 Kch Fry #50 Fouston IX 77007  Partial / Inh title (See/Instructions)  9 Employer (See Instructions)	tions)
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	,
Date	Full name of contributor	Amount of contribution (\$)
3/1/23	Contributor address; City; State; Zip Code	\$100.00
Principal occup	2520 God Shiphed & Bound & 16801  ation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor	
2/23/23	Contributor address; City; State; Zip Code	J1,000.00
Principal occup	Dation / Job title (See Instructions)  CEO  CEO  Caronado (A 92/18)  Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/12/23	Brian Horlan  Contributor address; City; State; Zip Code	\$1,850.00
	1605 Forest Bend La Keller TX 76248	
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)  Architect	rs/a
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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.

### SCHEDULE A1

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

			1 Total pages Schedule A1:
The Instruction Guide ex	plains how to complete this t	form.	3-11
FILER NAME Chris Co	skos		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of cont	The ed		7 Amount of contribution (\$)
2/8/23 Sherri S 6 Contributor addres 4636 D	of Netle Dr Helle	State; Zip Code	\$100.00
Principal occupation, Job title (See	Instructions)	9 Employer (See Instruct	ions)
Date Full name of con	tributor	(ID#:)	Amount of contribution (\$)
2/23/23 Eric Sc Contributor addr	ess; City;	1	\$100.00
Principal occupation / Job title (See	Nettle Dr Fort Lor Instructions)	Employer (See Instruc	tions)
Date Full name of con	tributor	(ID#:)	Amount of contribution (\$)
3/26/23 Kyle Sullis Contributor addition	ess; City;		\$100.00
dollan	Center La Keller	Employer (See Instruc	tions)
Principal occupation / Job title (See	Instructions)	labelmet	
Date Full name of cor	ntributor	; (ID#:)	Amount of contribution (\$)
2/25/23 Contributor add	and for the second	State; Zip Code	\$100.00
10509 Cla	isters Or Fort Wor	th TX 76131	
Principal occupation / Job title (See	Instructions)	Employer (See Instru	ctions)
Manages		LOGISTICS	
Δ٦	TACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

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

### SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4-11
2 FILER NAME	Chair Cotor	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2/19/23	Patrick Brechel  6 Contributor address; City; State; Zip Code	\$250.00
,	1510 Keller Pkny #101 Keller TX /6248	tions)
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)  Barchebel (	onsultantill
Date	Full name of contributor	Amount of contribution (\$)
2/19/23	Contributor address: City; State; Zip Code	\$100.00
	6300 Kay Lynn D. S. Watauga TX 76148  ation ( Job title (See Instructions)  Employer (See Instructions)	tions
Principal occup	ation / Job title (See Instructions)  Fuck Driver  J. B. Hint	LIOTIS)
Date	Full name of contributor	Amount of contribution (\$)
2/18/23	Contributor address; City; State; Zip Code	\$100.00
	11916 Lostwood Trl Fort Worth TX 76244	
Principal occup	eation / Job title (See Instructions)  Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/18/23	Contributor address; City; State; Zip Code	\$10.00
Principal occup	7424 Son Isabel Ct Fort Work Tx 76137  Deation / Job title (See Instructions)  Employer (See Instru	ctions)
	Retired	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED al reporting requirements.

### SCHEDULE A1

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

The	Instruction Guide explains how	1 Total pages Schedule A1: 5-11		
2 FILER NAME	Chris Coker			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
2/18/23	6 Contributor address;	City;	State; Zip Code	\$50.00
	5232 Bellis Dr	FortWorth	TX 76244	tions)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	aions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/18/23	Contributor address	City;	State; Zip Code	\$250.00
	1846 Pearson Xing		ZZY Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	tions)
Principal occup	pation / Job title (See Instructions)		Contractor	alons)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
2/21/23	Italey Stallaby Contributor address;	City;	State; Zip Code	\$250.00
	3824 Hickleberry	Dr tortho	Employer (See Instruc	ctions)
Principal occu	pation / Job title (See Instructions)		MCPrep	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
2/23/23	Contributor address;	City;		\$50.00
	1804 Meach lark	Keller	TX 76248	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Coker	3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor	7 Amount of contribution (\$)
2/25/23 6	Contributor address; City; State; Zip Code	\$250.00
8 Principal occupat	DA Spice would Keller 776248  ion / Job title (See Instructions)  9 Employer (See Instructions)	tions)
	Fultant Set	
Date	Full name of contributor	Amount of contribution (\$)
2/24/23	Contributor address; City; State; Zip Code	\$100.00
1	50) Preasent Creek Dr. Kelbs TX 76244  Employer (See Instructions)  Employer (See Instructions)	tions)
Principal occupati	on / Job title (See Instructions)  Employer (See Instructions)	допа
Date	Full name of contributor	Amount of contribution (\$)
2/26/23	Shua Smith  Contributor address; City; State; Zip Code	\$100.00
Ó	728 Wildereck Trl Keller TX 76248	
1	montation Magges  Employer (See Instructions)  Red Technology	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/27/23	Contributor address; City; State; Zip Code	\$100.00
	1800 Broils La Fort Wath TX 16214  tion / lop title (See Instructions)  Employer (See Instru	ctions)
Principal occupa	tion / Job title (See Instructions)  Employer (See Instru	Tech
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	al reporting requirements.

### 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	Chris Cotor	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	) 7 Amount of contribution (\$)			
0.					
3/1/23	Keith Peason  6 Contributor address; City; State; Zip Code	\$1000.00			
	1620 Village To Keller TX 16248				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)				
	Retired				
Date	Full name of contributor				
フトルー	Contributor address; City; State; Zip Code	#50 0			
3/5/23	Contributor address; City; State; Zip Code	\$50.00			
	8509 Stetson Dr Keller TX 76244				
Principal occup	pation / Job title (See Instructions)  Employer (See Ins	tructions)			
5	oftware Engineer Salore I	25			
		Amount of contribution (\$)			
Date	11				
3/7/23	Contributor address; City; State; Zip Code	\$5.00			
3 /010	3400 Willauka Bertord TX 76001				
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)			
	Teacher HEB ISL	<u></u>			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)			
7/2	Tolor Bish	···· \$7-			
5/8/23	Contributor address; City; State; Zip Code	150,00			
	5578 Rocky Martin R. Forthorth Tx 7613	7			
Principal occu	pation / Job title (See Instructions) Employer (See Ins				
\\ \[ \tag{\sigma}	stimutor Southest	6k155			
1					

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### 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	Chris Coker	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/8/23	Michael Heau  6 Contributor address; City; State: Zip Code	\$50.00
	1605 Bedford Oaks Dr Bedford Tx 76021	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	actions)
Date	Full name of contributor	Amount of contribution (\$)
3/8/23	Contributor address; City; State; Zip Code	\$30.00
	3321 Torili FortWorth TX 76244	
	eation / Job title (See Instructions)  Employer (See Instructions)  Explorer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
3/8/23	Contributor address; City; State; Zip Code	\$100.00
	1241 Village Irl Keller TX 76248	
7. 1	ention / Joh title (See Instructions) Employer (See Instr	iny Company Kelles Land firms
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/8/23	Contributor address; City; State; Zip Code	\$60.00
	1803 Mason Ct Keller TX 76248	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
	Retired	

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

### SCHEDULE A1

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

11 110 104100				
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 9-11
2 FILER NAME	Chrix Coker			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3/9/23	Sohn Conrad.  6 Contributor address;	City;	State; Zip Code	\$150.00
	1501 Starton (+	Peles	76248  9 Employer (See Instruc	tions)
8 Principal occu	pation / Job title (See Instructions) Refried		2	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
3/13/23	Contributor address;	City;	State; Zip Code	\$5,000.00
, ,	707W. L.D. Locke	HRd. Colley	Mille TX 76034  Employer (See Instruc	tions)
Principal occup	pation / Job title (See Instructions)		Cobb Midn	1
	UWNes	Doub of state DA		Amount of contribution (\$)
Date	Full name of contributor		C (ID#:)	
3/13/23	Contributor address:	City;	State; Zip Code	\$25.00
Dringing Language	1216 Cossbridge La pation / Job title (See Instructions)	New	Employer (See Instruc	ctions)
Principal occu	Rehied			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/13/23	Shawa Koffman Contributor address;	City;	State; Zip Code	\$50.00
	811 Sand TH	Keller	TX 76248	
Principal occu	pation / Job title (See Instructions) Refred		Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### 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	Chris Cotos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/18/23	6 Contributor address; City; State; Zip Code	\$75.00
	9732 Som Batts In Fort Worth Tx 76244	
$\cap$ $\cap$	pation / Job title (See Instructions)  9 Employer (See Instructions)  15 1085 Arcly 57	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/20/23	Contributor address; City; State; Zip Code	\$25.00
	9736 Som Bass Tr FortWorth TX 76244	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/29/23	Contributor address; City; State; Zip Code	\$40.00
	18351 Seguroia Way Ft Worth TX 76137	
Principal occu	pation / Job title (See Instructions)  Employer (See Instru-	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/20/23	Kris Kittle Contributor address; City; State; Zip Code	\$40.00
	4817/comofice C+ Kellor Tx 76244	
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	ctions)
mom		

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

### 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: 22-22
2 FILER NAME	Chrs Coter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/21/23	6 Contributor address; City; State; Zip Code	\$200.00
	521 Benington La Keller TX 76248	
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	1 1 .
Die	ector of Operations toundation	Medicine
Date	Full name of contributor	Amount of contribution (\$)
3/22/23	Contributor address; City; State; Zip Code	\$100,00
	1309 Chase Oaks Dr Keller TK 7/248	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	etions)
	odes MB Wa	od Grap
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/23	Contributor address; City; State; Zip Code	J 500.00
	332 Longview Dr Keller TX 76248	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	perty Margenest
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/25/25	Logon McHorter Contributor address; City; State; Zip Code	\$25.00
,	1532 Heather La Keller TK 76248	
	Dation / Job title (See Instructions)  Employer (See Instructions)	. ^
Jenia Fr	roject Marrys Collies Frances	urig A Dosign
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING AS	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	ı <b>.</b>	1 Total pages Schedu	le A2:
2 FILER NAME			3 Filer ID (Ethics Cor	nmission Filers)
TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	7 Continuator address,	Zip Code	Contribution \$	9 In-kind contribution description  description  de of Texas. Complete Schedule  AL)(See Instructions)
	ecupation / Job title FOR NON-JUDICIAL)(See Instructions)			
12 Contributor	's principal occupation (FOR JUD/CIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Oodo	Check if travel outsi	de of Texas. Complete Schedule
Principal or	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICI	AL)(See Instructions)
Contributor	r's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JU	IDICIAL) (See Instructions)
	r's principal occupation (FOR JUDICIAL) r's employer/law firm (FOR JUDICIAL)			
Contributor				JDICIAL) (See Instructions) se (if any) (FOR JUDICIAL)
Contributor	r's employer/law firm (FOR JUDICIAL)			
Contributor	r's employer/law firm (FOR JUDICIAL)			
Contributor	r's employer/law firm (FOR JUDICIAL)			
Contributor	r's employer/law firm (FOR JUDICIAL)			
Contributor	r's employer/law firm (FOR JUDICIAL)			

### SCHEDULE B PLEDGED CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ Amount 9 In-kind contribution out-of-state PAC (ID#:\_ 5 Date 6 Full name of pledgor of Pledge \$ description State; Zip Code City; 7 Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Amount Date out-of-state PAC (ID#: Full name of pledgar of Pledge \$ description Zip Code Pledgor address; City; State: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution out-of-state PAC (ID#:\_ Full name of pledgor Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

Revised 11/15/2022

### LOANS

### SCHEDULE E

If the requested	information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	his Coke		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 5,000
5 Date of loan 2/1/25	7 Name of lender out-of-state PAC (ID#:)		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; Home Address	State; Zip Code	10 Interest rate  0  11 Maturity date  N/A
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

# 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 nategory not listed above)

Candidate/Officeholder/Politica	l Committee Legal Services Salaries \( \)	Vages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Chris Cokes		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Payee name Threadsy		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$158.59	Website		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	FShirts	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/6/23	Edgerton Stategies		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,487.14	1540 Keller Phy #108	Keller	TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Of Addison	theine Consulting
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/9/23	MS Marketing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$113.66	310 N Main StE	Keller	TE 76248
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Push Core	ds
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED
i			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

# Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Fees Expense
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Coan Repayment/Reimburserrient
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Waces/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment 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 4 Date State; Zip Code City; 7 Payee address; (b) Description (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Code City; Payee address Description (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense 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 Payee name Date City; Zip Code Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense 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 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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
4 Date 3/(3/23	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$126.00	520 E. Vine 57	Keller	TE 760	248
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	other	Stanges		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/13/23	Tarcet			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$25.96	8532 Davis Blud 1	Vorth Richlen	1Hilb TX	76182
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Thenk you Co	erds	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	ın, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/13/23	Threadsy	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address,	City;	State;	Zip Code
\$84.20	uchsite			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

## 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 Poiling Expense Printing Expense Salaries/Nanes/Contract Labor. Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries  The Instruction Guide explains how to	complete this form.	Other (errier a category not include above)
1 Total pages Schedule F1:	2 FILER NAME Chris Coker		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/1/23	5 Payee name  Fileston Mechaniae		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$757.75	1540 Kelles Plany #108	Keller	TX 76248
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Put Cod	5
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/17/23 Amount (\$)	Keep Keller First Payeeladdress;	City;	State; Zip Code
\$500.00	Website		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Alvestisin	Marketin	<u> </u>
	Check in travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/21/23	MS Mark tiz		
Amount (\$)	Payee address;	City;	State; Zip Code
\$627.88	310 N Main St E  Category (See Categories listed at the top of this schedule)	Kelles	TX 76248
PURPOSE	Category (use categories nated at the top of this seriedule)	2000.	
OF EXPENDITURE	Advertising	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

## 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
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 Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salanes/V   The Instruction Guide explains how to committee   Committee	complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Chris Cokes		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$407.60	Website	N Es u	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	rees	tees	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> 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	
LAFENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	ın, 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 Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

### UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: \$ 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date Zip Code State; City; 8 Payee address; 7 Amount (\$) 9 TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category ee Catego 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check f trayel outside of Tex as, Complete Schedule T. (c) Candidate / Officeholder name Office sought Office held 11 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State; Zip Code Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 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 FI	LER NAME		3 Filer ID (Ethics Commission Filers)
4 Da	<b>4</b> Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased;	City; State; Zip Code
		7 Description of investment	
,		8 Amount of investment (\$)	
D	Pate	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 SCHED	DULE 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 Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Rolitical EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE (c) Check if ravel outside of Texas Complete Sche iule T. Check if Austin, TX, officeholder living expense Officeholder name Candidate / Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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 sci	edule 1 Check if Austin	ı, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde name	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so		TV « (Fabbleda li la sana)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name  OH	Office sought	n, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Sch	Office sought	n, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains how to co		
Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instrequired.)	ructions regarding 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 inst required.)	ructions regarding type of information
Date	Rayee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instrequired.)	ructions regarding 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 ins	tructions regarding type of information

# 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  6 Address of person from whom amount is received; City; State	8 Amount (\$)	
	7 Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	Amount (\$)	
	Purpose for which amount is received	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; St.	tate; Zip Code	
	Purpose for which amount is received Check if	f political contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

### SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule B Schedule B(J) Schedule C2 Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule F4 Schedule G Schedule F2 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payer Contribution / Expenditure reported on: Schedule C2 Schedule D Schedule F1 Schedule B Schedule B(J) Schedule A2 Schedule COH-UC Schedule B-SS Schedule G Schedule H Schedule F4 Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule G Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation 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 NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNATURE				
	I do not expect any further political contributions or political expenditures in connection with m designating a report as a final report terminates my campaign treasurer appointment. I also us campaign contributions or make any campaign expenditures without a campaign treasurer app	inderstand that I may not accept any			
	Signatur	re of Candidate / Officeholder			
	o.g. a.a.	o or canadate? omosnotes.			
4	FILER WHO IS NOT AN OFFICEHOLDER				
8	•• 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 politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions in the filing this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.  B. ASSETS  Check only one:  I do not retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	ical contributions. I understand that I me earned on political contributions to contributions and that I may not retain ributions longer than six years after real contributions and unexpended ants of Election Code, § 254.204.			
	. Si	gnature 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 do file. I am also aware that I will be required to file reports of unexpended contributions if, a an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as			
	Sig	nature of Officeholder			



Filer name

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a candidate or officeholder who has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY		
Date Received		
Date Hand-delivered or Date Postmarked		
Receipt #	Amount \$	
Date Processed		
Date Imaged		

 I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.

Filer ID#

- 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.
- 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 \$28,800 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 \_\_\_\_\_ report due on \_\_\_\_ l 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:

NOTARY STAMP/SEAL

(1) Affidavit

 Signature of Filer	

this the \_\_\_\_ day of \_ Sworn to and subscribed before me by \_\_\_\_ \_, to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath (2) Unsworn Declaration and my date of birth is \_\_\_\_\_ My name is \_\_\_\_ (street) My address is \_\_\_\_\_ (zip code) (city) (state) Executed in \_\_\_\_\_ county, State of \_\_\_\_\_ , on the \_\_\_\_ day of \_ (month)

Signature of Filer (Declarant)

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

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / APT / SUITE #: STATE; ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER 1323 Brakidgel MAILING **ADDRESS** Keller TX Nexy Change of Address AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 313 -1885 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN **TREASURER** (940) 390-5213 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) July 15 Reporting Limit 10 PERIOD COVERED /28/23 /28 /23 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Year Description General 13 OFFICE SOUGHT (if known) 12 OFFICE 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 14 NOTICE FROM **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 **GO TO PAGE 2**

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 2

	_		
15 C/OH NAME	Chris Cole		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT     PLEDGES, LOANS, OR GUA     CONTRIBUTIONS MADE EL	TICAL CONTRIBUTIONS (OTHER TI ARANTEES OF LOANS, OR LECTRONICALLY)	s 21,890
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	TRIBUTIONS OANS, OR GUARANTEES OF LOAI	(NS) \$21,890
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	ICAL EXPENDITURE.	\$ 40,034.61
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 40,034.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	\$ 53,925.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE \$ 5000
18 SIGNATURE I	swear, or affirm, under penalty of perjury	, that the accompanying report is	true and correct and includes all informa
re	equired to be reported by me under Title 15	i, Election Code.	
		/ //	
		12	
		Signature of	f Candidate or Officeholder
		Signature of	Candidate of Officeholder
	Please com	plete either option belo	love
	i icase com	biere errier obtion peir	ow.
(1) Afficacy	NNIFER SARAH SPENCER btary Public, State of Texas My Commission Expires September 25, 2023 NOTARY ID 13218547-3	Λ I	
Sworn to and subscribed		this th	he 28 day of April
Signature of officer administer	which, witnesserry hand and seal of office.	les Spencer	HR Records Sock
originature of officer administra	Printed name of o	officer administering oath	Title of officer administering oat
		OR	
(2) Unsworn Declarati			
My name is		, and my date of birth	ı is
My address is			
	(street)	(city)	(state) (zip code) (country)
Executed in	County State of	on the day of	20 (country)
		, on the day of	onth) (year)
		<del></del>	
		Signature of Can	ndidate/Officeholder (Declarant)

#### SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form.							
2 FILER NAME	Chris Cokes		3 Filer ID (Ethics Commission Filers)					
4 Date	Luke Beshera	State; Zip Code	7 Amount of contribution (\$)					
1	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)					
Date	VIID	ID#)	Amount of contribution (\$)					
4//4	Contributor address; City;	State; Zip Code	\$7,000.00					
	1620 Village Trl, Keller	X /6246						
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date	Full name of contributor Out-of-state PAC (III	ID#)	Amount of contribution (\$)					
4/20	707 W. Lockett Rd Collegelle	State: Zip Code	\$3,000.00					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)					
Date	Full name of contributor	D#)	Amount of contribution (\$)					
3/20	Contributor address; City:	State: Zip Code	\$50.00					
	10/2 Den Milan Kal Corneson	Jx 16520						
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### 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	Chris Colcer	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4//	Spi Faranja 6 Contributor address; City; State; Zip Code 16205 5. 29th Dr Phoenix AZ 85045	\$7,850.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ations)
Date	Full name of contributor	Amount of contribution (\$)
4/2	Contributor address; City; State; Zip Code	\$20,00
	6/12 Stranbern Nan todlooth 1x 76132	4
Principal occup	eation / Job title (See Instructions)  Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
4/2	Contributor address; City; State; Zip Code	\$20.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/3	Contributor address; City; State; Zip Code  1201 Palaca Dr Fort Worth To 76244	\$50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

#### 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 Chris Colies	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC (ID#)  Contributor address; City; State; Zip Code  2990 Keller Hicks Ru Keller TA 762114	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	cions)
Date  Full name of contributor out-of-state PAC (ID#:)  Billie M. D. H.  Contributor address; City: State: Zip Code  82 22 24 4 76 737	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instruct	ions)
Date  Full name of contributor   out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code  Code  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instruct	ions)
Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### 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 Chris Coker	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
2 Infloyer (See Institutions)	
128 Moorlight Lo Keller Tx 76248	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	ions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  Anny Assumer Crow  Contributor address;  City: State: Zip Code  741 Annual Keller T. 76244	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NO	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:							
2 FILER NAME	Chis Cokes	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)						
4/13	6 Contributor address; City; State; Zip Co	# \$500,00						
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)						
Date	Full name of contributor	Amount of contribution (\$)						
4/15	Contributor address; City: State: Zip Co	#8 \$500.06						
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
4/19	Contributor addigess; City; State; Zip Co	10 5250. TO						
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
4/19	Contributor address; City; State: Zip Coo SID Gardeget & C+ FOH Joth TX 761	\$50,00 37						
Principal occupation / Job title (See Instructions)  Employer (See Instructions)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:						
2 FILER NAME	Chris Cokes	3 Filer ID (Ethics Commission Filers)					
4 Date  4 Date	5 Full name of contributor out-of-state PAC (ID#    State   Date   Date	# 1250 -					
• • • • • • • • • • • • • • • • • • • •	g Employer (	occ mandansy					
Date 4/20	Full name of contributor out-of-state PAC (ID#:	Amount of contabution (5)					
1/0	2200 Becom Hill Dr Keller Tx The	BUR DIVINION, S					
Principal occup		See Instructions)					
Date 4/18	Contributor out-of-state PAC (ID#:	, anount of contribution (b)					
Principal occup		See Instructions)					
Date 4/23	Full name of contributor   out-of-state PAC (ID#	477 20					
Principal occup	ation / Job title (See Instructions) Employer (S	See İnstructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHED	III E AS NEEDED					
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

### SCHEDULE A1

			•			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date 4/2 3	5 Full name of contributor put-of-state PAGE Contributor address; City;	State; Zip Code    Table   Tab	7 Amount of contribution (\$)			
Date 4/2L	Full name of contributor out-of-state PAI  Contributor address; City;	State; Zip Code	Amount of contribution (\$)			
		,	<i>'</i>			
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
		<u> </u>				
Date	Full name of contributor out-of-state PA(	C (ID#)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Y					
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

<u>'</u>			
Ti	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of   9 In-kind contribution Contribution \$   description
	7 Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	ntor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#  Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n 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 If contributor is out-of-state PAC, please see Instructi		

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

	if the requested information is not applicable, bo NOT include this page in the report.							
	The	Instruction Guide explains how to complete this	1 Total pages Schedule B:					
2	FILER NAME		3 Filer ID (Ethics 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			
		7 Pledgor address; City; Sta	ite; Zip Code		<u> </u> 			
				Check if travel outs	. ide of Texas. Complete Schedule T.			
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)				
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; Sta	ate, Zip Code					
				Check if travel outs	l  . ide of Texas. Complete Schedule T.			
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of piedgor out-of-state PAC (ID#: Pledgor address, City: Sta	ate; Zip Code	Amount of Pledge \$	In-kind contribution   description   			
				Check if travel outs	  - ide of Texas. Complete Schedule T.			
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; State	Zip Code		} 			
				Check if travel outsi	l ide of Texas. Complete Schedule T.			
	Principal occup	pation / 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 for additional reporting requirements.							

#### SCHEDULE E **LOANS** If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 7 Name of lender Date of loan out-of-state PAC (ID#:\_\_ 10 interest rate 6 Is lender 8 Lender address; State; Zip Code City: a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:\_\_\_\_ Interest rate is lender Lender address; City: State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Check if personal funds were deposited into political

Amount Guaranteed (\$)

account (See Instructions)

State: Zip Code

Description of Collateral

Name of guarantor

Guarantor address;

OUARANTOR

INFORMATION

not applicable

#### 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 Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment			Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			Filer ID (Ethics	Commission Filers)
4.5	Mrs Coker			
4 Date 4/3	5 Payee name Don't Time			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.19		Keller		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Voluteer	break fast	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/3	hace tra			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.91				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Voluntee B	reckfost	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Chris Coke	SISO Place 5		
Date 4 /4	Payee name Edgeten Strategi	es		
Amount (\$)	Payee address;	City;	State;	Zip Code
500				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consting	Petaine		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	- American Company

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code City: State: 6 Amount (\$) Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name State; Zip Code City; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Amount (\$) Payee address; State: Zip Code

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

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

Candidate / Officeholder name

Check if travel outside of Texas, Complete Schedule T.

Description

Office sought

Check if Austin, TX, officeholder living expense

Office held

## 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/Donations/Donations/Dolatical 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)

Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor		Trave: Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	IAME Chois GLV			3 Filer ID (Ethic	s Commission Filers)
4 Date 4/18	5 Payee n	ame E2 W				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of thi	is schedule)	(b) Description	<del> </del>	
PURPOSE OF EXPENDITURE		Printin		Congr		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date 4/19	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
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	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE		the		Ocs		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	a, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date ( // ) ,	Payeer	i .				
9/1		dgern Strateger				
Amount (\$)	Payee a	<del></del>		City;	State;	Zip Code
23,013.40						
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	P	rinting		Marketi	<b>グ</b>	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
	A'	ITACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED	

## 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

Event Expense Fees Foot/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ChrisCoher		3 Filer ID (Ethics Commission Filers)
Date 4/21	5 Payee name  Norteting		
Amount (\$)	7 Payee address;	City;	State; Zip Code
200.06			
3	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing	Cords	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
U/22	Payee name  Mwph(5)		
Amount (\$)	Payee address;	City;	State; Zip Code
61,85			
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Other	(565)	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/22	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
86,57			
	Category (See Categories listed at the top of this sci	nedule) Description	
PURPOSE OF EXPENDITURE	Other	Supplers	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, 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 NE	EDED

#### 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 Cornmittee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (ent	er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME (hos Codes	3 Filer (	D (Ethics Commission Filers)
4 Date 4/28	5 Payee name Flych Statege		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
13,230	·		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	$O \times I^*$	Maketis	
OF EXPENDITURE	Printing	10000	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officel	nolder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/28	Kew		
Amount (\$)	Payee address;	City;	State; Zip Code
87.90			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	F-ces	Merchat Fe	<i>es</i>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officer	nolder 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
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officel	nolder 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 NEEDED	
	TO DESCRIPTION OF THE OF THE		

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

If the requested info	rmation is not appil	cable, DO NOT In	clude this	page in the re	port. 	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Exp Fees Food/Bev Gift/Awar at Committee Legal Set	rerage Expense ds/Memorials Expense	Loan Repayme Office Overhei Polling Expen Printing Exper Salaries/Wage	ant/Reimbursement ad/Rental Expense se se ss/Contract Labor	Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	ment & Related Expense
1 Total pages Schedule F2:	T			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITE	MIZED UNPAID II	NCURRED OBLI	GATIONS		\$	
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	7	Non-Politic	al		
PURPOSE OF Expenditure		egories listed at the top of this		Description  Check if Aus	rtin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / C	fficeholder name	Office	e sought	Office he	
Date	Payee name					
Amount (\$)	Payee address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Politica	1		<del></del>
PURPOSE OF Expenditure	Category (See Cate	gories listed at the top of this s	Schedule)	Description		
	Check if trav	el outside of Texas, Complete S	Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office	sought	Office he	ld .
	ATTACH ADDIT	TIONAL COPIES OF	F THIS SCH	EDULE AS NEE	EDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

,	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	ity; 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	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, <b>DO NOT include this page in the report.</b>								
Advertising Expense Accounting/Banking Consulting Expense		Event Expense Fees Food/Beverage I	Expense	Loan Repay Office Over Polling Exp		Transpor Travel in		g Expense nent & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political		Gift/Awards/Mer Legal Services	-		/ages/Contract Labor			y not listed above)
		The Instruct	ion Guide expl	ains how to c	omplete this form.	<del></del>		
1 Total pages Schedule F4:	2 FILER	NAME				3 Filer I	D (Ethics C	ommission Filers)
4 TOTAL OF UNITEMI	ZED EXF	PENDITURE	S CHARGE	DTOACE	REDIT CARD	\$	_	
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	/	Political		Non-Po				<del>,</del>
10	(a) Catego	(See Categories	listed at the top of t	his schedule)	(b) Description			
PURPOSE OF		1 /	//					
EXPENDITURE			/					
	(c)	Check if travel out:	side of Texas. Compte	ete \$chedule T.	Check if /	Austin, TX, offic	ceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate / Office	holder name	/ c	Office sought		Office he	eld
Date	Payes	name						
Amount (\$)	Payee	e address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-P	olitical			
	Catego	ory (See Categories	s listed at the top of	this schedule)	Description			
PURPOSE OF								
EXPENDITURE		7 Chack #terms =	itside of Texas. Comp	lete Schedule T	Chack if	Austin, TX, off	Scenolder living	g expense
	<u> </u>	<u>-</u>					Office h	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	indidate / Office	enolder name		Office sought		Onice fi	
	ATTA	CH ADDITIO	NAL COPIES	3 OF THIS S	SCHEDULE AS N	IEEDED		

## 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) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name City; State: Zip Code 7 Payee address; 6 Amount (\$) Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Sch edute T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code Payee address; Amount (\$) City; Reimbursement from political contributions intended 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 held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code Amount (\$) Payee address; City: State: Reimbursement from political contributions intended 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 held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME		(Ethics Commission 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 instructions regard required.)	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 instructions regard required.)	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 instructions regard required.)	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 instructions regar required.)	ding 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 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; Stat	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; Stat	te; 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	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 / Corpo	oration or Labor Organization / Pledgor / Payee	-		
5 Contribution / Expenditure re Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
<b>8</b> D	eparture city or name of departure location			
10 Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)		
Name of Contributor / Corpo	ration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure re Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule C2  Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
Dates of travel N	ame of person(s) traveling			
Di	eparture city or name of departure location			
De	estination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)		eminar, or other event)		
Name of Contributor / Corpo	ration or Labor Organization / Pledgor / Payee			
	ported on: chedule B	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
Dates of travel Na	ame of person(s) traveling			
Departure city or name of departure location				
De	estination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, s		minar, or other event)		