CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH **COVER SHEET PG 1**

| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
|---------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | Mr. Norman Baker Nickname Last Mr. Norm Baker | SUFFIX | Date Received JAN 1 5 2014 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS /PO BOX: APT /SUITE#; CITY; 14493 SPID Corpus of PMB 321 | STATE; ZIP CODE Chist 14 78413 | Clark, County Court, Newces County, Texas By Deputy Date Fland-delighted of Postmarked |
| change of address | | | Receipt # Amount |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (361) 949 - 7250 | EXTENSION | Date Processed |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MS TAMAY ETTA NICKNAME LAST | Ti y Toss Suffix | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 14493 SPJO PMB 321 | city; state; 1x | ZIP CODE 75418 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (361) \$-76 00:37 | EXTENSION 7 | |
| 9 REPORT TYPE | January 15 30th day before election July 15 8th day before election | Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day / / / / / / / / / / / / / / / / / / / | Year 14 |
| 11 ELECTION | Month Day Year Primary | Runoff (| General Special |
| 12 OFFICE | OFFICE HELD (If any) | 13 OFFICE SOUGHT (If known) | ommissers |

GOTO PAGE 2

2014-015

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 15 AC | COUNT # (Ethics Commission Filers) | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| additional pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| | | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 550-00 | | |
| = | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 550-00 | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$2,242.73 | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD | \$ 0 | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ 3,307.27 | | |
| 18 AFFIDAVIT | | | | | |
| | | | nation required to be reported by | | |
| AFFIX NOTARY STAM | P / SEAL ABOVE | | | | |
| Sworn to and subs | 1 | 111 | , this the | | |
| 1/m //ata | of <u>JAN</u> | , 20 1 , to certify which, witness my ha | and and seal of office. | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

| | | I I I I I I I I I I I I I I I I I I I | | | | |
|---|-----------------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|-------------------------------|-----------------------------------------------------|
| | The | Instruction Guide explains how | to complete thi | s form. | 1 Total pages Sch | edule A: |
| 2 | FILER NAME | Norman | Baker | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 | Date - | 5 Full name of contributor Mike Money 6 Contributor address; City; 1523 & Caps Corpor Chris | State: Zip Code | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 9 | Principal occup | pation / Job title (See Instructions) | · | 10 Employer (See | L | or roses, compete concease ty |
| | Date | | State: Zip Code | b Ay | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| - | Principal occup | pation / Job title (See Instructions) | 1 | Employer (See | | of Texas, complete Schedule T) |
| | | Reline | / | | | |
| | Date | Contributor address; City: | State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Principal occup | pation / Job title (See Instructions) | Time 1 | Employer (See | <u> </u> | |
| | Date | | out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | | · | · · · · · · · · · · · · · · · · · · · | (If travel outside | of Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | | Employer (See I | nstructions) | |
| | Date | | out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Principal occup | pation / Job title (See Instructions) | ; j | Employer (See I | | of Texas, complete Schedule T) |
| | . If c | ATTACHADDIT ontributor is out-of-state PAC, | 1 | OF THIS SCHEDULE | | requirements. |

| Texas Et | thics Commission | P.O. Box 12070 | Austin, Tex | as 78711-2070 | (512) 463-5800 | (TDD 1-800-735-2989) |
|----------|---------------------------|----------------------------------|------------------------|--------------------|-------------------------|------------------------------------------|
| PL | .EDGED CO | NTRIBUTIO | NS | | | SCHEDULE B |
| | The Instruction | Guide explains how | to complete this | form. | 1 Total pages Sche | dule B: |
| 2 FILE | R NAME | | | | 3 ACCOUNT # (Eth | nics Commission Filers) |
| 4 | TOTAL OF UNIT | TEMIZED PLEDG | SES: ⇒ | | \$ \$ | \$ |
| 5 Date | 6 Full nam | ne of pledgor 🔲 | out-of-state PAC (ID#: | | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor | address; City; | State; Zip Code | | | |
| | | | | | <u> </u> | f Texas, complete Schedule T) |
| 10 Princ | cipal occupation / Job t | itle (See Instructions) | , | 11 Employer (See I | nstructions) | |
| Date | Full nan | ne of pledgor | out-of-state PAC (ID# |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor | address; City; | State; Zip Code | | | |
| | | | | | (If travel outside o | f Texas, complete Schedule T) |
| Princ | cipal occupation / Job t | itle (See Instructions) | | Employer (See I | nstructions) | |
| Date | Full nan | ne of pledgor | out-of-state PAC (ID#: | 1 | Amount of | In-kind description |
| | | с. рисс у си | : | | pledge (\$) | (if applicable) |
| | Pledgor | address; City; | State; Zip Code | | | |
| | | | | | (If travel outside o | f Texas, complete Schedule T) |
| Princ | cipal occupation / Job t | itle (See Instructions) | | Employer (See I | nstructions) | |
| Date | e Full nan | ne of pledgor | out-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor | address; City; | State; Zip Code | | | |
| | | | i | | 1 | |
| Princ | cipal occupation / Job t | itle (See Instructions) | | Employer (See | | f Texas, complete Schedule T) |
| Date | Full nam | ne of pledgor 🔲 | out-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor | address; City; | State; Zip Code | | | |
| | | | ! | | (If trough number - | Toyon namelate Catastate To |
| Princ | cipal occupation / Job ti | tle (See Instructions) | | Employer (See I | | Texas, complete Schedule T) |
| | if contributor is | ATTACH ADDIT s out-of-state PAC, | | F THIS SCHEDULE | | requirements. |

| exas Ethics Commis | sion P.O. Box 12070 | Austin, | Texas 78711-2070 (5 | 12) 463-5800 | (TDD 1-800-735-298 |
|------------------------------------------|--------------------------------------------|-------------|-------------------------------|---------------|--------------------------------|
| LOANS | | | | | SCHEDULE E |
| | Landaria Calida annialma l | | late this form | 1 Total pa | ages Schedule E: |
| I ne | Instruction Guide explains i | low to comp | lete uns lorm. | | |
| FILER NAME | | e | | 3 ACCOL | JNT # (Ethics Commission Filen |
| TOTA | L OF UNITEMIZED LO | ANS: | ⇒ ⇔ ⇔ ⇔ | ⇒ | \$ |
| Date of loan | 7 Name of Jender | Rake | out-of-state PAC (ID#: |) | 9 Loan Amount (\$) |
| Is lender a financial Institution? | 8 Lender address; City; 14493 5 | State | Zip Code | | 10 Interest rate |
| Y (N) | Corpus Ch | - 1.57- | 72 | | 11 Maturity date |
| - ' | ion / Job title (See Instructions) | - | 13 Employer (See Instruction | | Inc |
| 4 Description of Col | llateral | ÷ | 15 Check if personal funds of | | |
| 6 GUARANTOR INFORMATION not applicable | 17 Name of guarantor 18 Guarantor address; | City; | State; Zip Code | | 19 Amount Guaranteed (\$ |
| Principal Occupat | tion (See Instructions) | | 21 Employer (See Instruction | ns) | I |
| Date of loan | Name of lender | [| out-of-state PAC (ID#: | | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; | State; | Zip Code | | Interest rate |
| Y N | | • | | | Maturity date |
| Principal occupati | ion / Job title (See Instructions) | | Employer (See Instruction | าร) | <u> </u> |
| Description of Coll | ateral | | Check if personal funds w | ere deposited | l into political account |
| none | | | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | | Amount Guaranteed (\$ |
| not applicable | Guarantor address; | City; | State; Zip Code | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

| | EYDEN | DITURE CATEGORIES | FOR BOX 8(a) | | |
|--------------------------------------------------------------|----------------------------------------|-------------------------------------------------|---------------------|--------------------------------|-----------------------------------------|
| Advisoration Proposes | | | | Loan Repayment/Reir | nhursement |
| Advertising Expense | Gift/Awards/Memorials Ex | pense Salaries/vvages/Co Solicitation/Fundra | | | |
| Accounting/Banking | Legal Services | Travel In District | ising expense | Contributions/Donation | nent & Related Expense |
| Consulting Expense | Food/Beverage Expense | | dui ad | | ns made by older/Political Committee |
| Event Expense | Politing Expense | Travel Out Of Dist Office Overhead/R | | OTHER (enter a cate) | |
| Fees | Printing Expense | | | • | JOIY HOL HISTOR GROVE, |
| | The Instructi | ion Guide explains how to | complete this for | rm. | |
| 1 Total pages Schedule F: | 2 FILER NAME | 7/ | | 3 ACCOUNT # | (Ethics Commission Filers) |
| 1 Total pages concessor. | | Lat- | | 1 | |
| | Norm | IN DIVAC | | | |
| 4 Date | 5 Payee name | | | | |
| 1-1-1 | Const 1 | City; State; Zip Code | | | |
| 12/21 | - 2 ddmee: | City Chata: Zin Code | | | |
| 6 Amount (\$) | 7 Payee address | City; State; Zip Code | 11.5 | 1 | |
| | 73/0 lotter | TUI CONFEE | Christe, | 1475415 | |
| | | | • | 10 //- | |
| | : | : | | | |
| 8 PURPOSE | (a) Category (See categories lis | sted at the top of this schedule) | (b) Description | (If travel outside of Texas, o | complete Schedule T) |
| OF | 0 3 | | 1/1 | | |
| EXPENDITURE | Printin | , 5 | NA | | |
| | <u> </u> | <u> </u> | Office sough | ·+ | Office held |
| 9 Complete ONLY if direct | Candidate / Officehol | der name | Office sough | ı | Office field |
| expenditure to benefit C/C | Ж | , | | | |
| | | | | | |
| Date | Payee name | 111 | | | |
| 12/5/13 | MARIN | Works In City; State; Zip Code Auc Corp | _ | | |
| Amount (\$) | Pavee address: | City: State: Zip Code | | | |
| Allicant (4) | 7 3 4 3 1/2 | A Contact A | - chis | 7. | |
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| 1,130.6 | | · | | | |
| PURPOSE | Category (See categories lis | sted at the top of this schedule) | Description | (If travel outside of Texas, o | complete Schedule T) |
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| EXPENDITURE | Printin | | $ \mathcal{N}_{f}$ | <i>/</i> | |
| Camples ONLY is disease | Candidate / Officehol | | Office sough | .+ | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | der liame | Unite stug. | ıı | Onice neid |
| expenditure to bonont and | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · | | | |
| Date | Payee name | | | | |
| Date | r dyoo namo | | | | |
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| Amount (\$) | Payee address; | City; State; Zip Code | | | |
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| | | | Description | | |
| PURPOSE | Category (See categories lis | sted at the top of this schedule) | Description | (If travel outside of Texas, o | omplete Schedule T) |
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| EXPERDITORE | <u> </u> | | | | |
| Complete ONLY if direct | Candidate / Officehole | der name | Office sough | t | Office held |
| expenditure to benefit C/C | ж | • | | | |
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| Date | Payee name | 1 | | | |
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| Amount (\$) | Payee address; | City; State; Zip Code | | | |
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| | | | r | | |
| PURPOSE | Category (See categories lis | ted at the top of this schedule) | Description | (If travel outside of Texas, o | omplete Schedule T) |
| OF EXPENDITURE | ' | 1 | İ | | |
| EXPENDITURE | | | | | |
| Complete ONLY if direct | Candidate / Officehole | der name | Office sough | t | Office held |
| expenditure to benefit C/0 | ЭН | | | • | Since field |
| | | | | | |
| | ATTACH ADDIT | ONAL COPIES OF THIS S | SCHEDIII E ASI | NEEDED | |

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | EXPEN Gift/Awards/Memorials Ex Legal Services Food/Beverage Expense Polling Expense Printing Expense | Solicitation/Fundraising Expense | | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | The Instruct | ion Guide explains how to c | omplete this fo | orm. |
| 1 Total pages Schedule G: | 2 FILER NAME | <i>[</i> [| | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | NA | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | |
| Reimbursement from political contributions intended | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories lis | ted at the top of this schedule) | (b) Description | n (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| Reimbursement from political contributions intended | | | . | |
| PURPOSE OF EXPENDITURE | Category (See categories lis | ted at the top of this schedule) | Description | n (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| Reimbursement from political contributions intended | | <u> </u> | | |
| PURPOSE OF EXPENDITURE | Category (See categories lia | ted at the top of this schedule) | Description | n (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| Reimbursement from political contributions intended | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories lis | ted at the top of this schedule) | Description | n (If travel outside of Texas, complete Schedule T) |
| | ATTACH ADDITI | ONAL COPIES OF THIS S | CHEDULE AS | NEEDED |

Austin, Texas 78711-2070

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Evnense

Texas Ethics Commission

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Evnense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

> Transportation Equipment & Related Expense Contributions/Donations Made By
> Candidate/Officeholder/Political Committee

| Fees | Printing Expense | Office Overhead | Rental Expense OTHER (| enter a category not listed above) |
|------------------------------------------------------|------------------------------|-------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | - | tion Guide explains how to | complete this form. | |
| 1 Total pages Schedule H: | 2 FILER NAME | | 3 A | CCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Business name | N/A | | |
| 6 Amount (\$) | 7 Business address; | City State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories | listed at the top of this schedule) | (b) Description (If travel out: | side of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeh | older name | Office sought | Office held |
| Date | Business name | | | |
| Amount (\$) | Business address; | City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories | listed at the top of this schedule) | Description (If travel out | side of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeh | older name | Office sought | Office held |
| Date | Business name | | | |
| Amount (\$) | Business address; | City; State; Zip Code | | The second secon |
| PURPOSE OF EXPENDITURE | Category (See categories | listed at the top of this schedule) | Description (If travel outs | side of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeh | older name | Office sought | Office held |
| Date | Business name | | | |
| Amount (\$) | Business address; | City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories | listed at the top of this schedule) | Description (If travel outs | ide of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeho | older name | Office sought | Office held |
| | ATTACH ADDI | TIONAL COPIES OF THIS | SCHEDULE AS NEEDED | |

Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | The Instruction | n Guide explains how | to complete this | s form. |
|--------------------------------|--------------------------------------------|-----------------------------|---------------------------------|--------------------------------------------|
| 1 Total pages Schedule I: | 2 FILER NAME | . / . | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | //A | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions categories) | for examples of acceptable | (b) Description (See required.) | instructions regarding type of information |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions categories) | ifor examples of acceptable | (b) Description (See required.) | instructions regarding type of information |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions categories) | for examples of acceptable | (b) Description (See required.) | instructions regarding type of information |
| Date | Payee name | | | |
| Amount (\$) | Payee address; (| City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions categories) | for examples of acceptable | (b) Description (See required.) | instructions regarding type of information |
| | ATTACH ADDITIO | NAL COPIES OF THIS S | SCHEDULE AS NE | EDED |

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

P.O. Box 12070

SCHEDULE K

| | · · · · · · · · · · · · · · · · · · · | | | |
|----------------|---------------------------------------|------------------------------------------------------------|------------------------|--------------------|
| The Instructio | n Guide explains how | to complete this form. | 1 Total pages Schedule | К: |
| 2 FILER NAME | | | 3 ACCOUNT # (Ethics C | Commission Filers) |
| | of person from whom amo | ount is received Hount is received; City; State; Zip Code | 8 | Amount (\$) |
| 7 Purpos | e for which amount is re | ceived | | |
| Date Name | of person from whom am | ount is received | | Amount (\$) |
| Addres | s of person from whom a | mount is received; City; State; Zip Code | | |
| Purpos | se for which amount is red | ceived | | |
| Date Name | of person from whom am | ount is received | | Amount (\$) |
| Addres | s of person from whom a | mount is received; City; State; Zip Code | | |
| Purpos | e for which amount is re- | ceived | | |
| Date Name | of person from whom am | ount is received | | Amount (\$) |
| Addres | s of person from whom a | mount is received; City; State; Zip Code | | |
| Purpos | e for which amount is red | seived | | |
| | ATTACH ADDITI | ONAL COPIES OF THIS SCHEDULE | AS NEEDED | |

P.O. Box 12070

| | NTRIBUTION OF | R POLITICAL EXPEND TEXAS | ITURE SCHEDULE T |
|-------------------------|---------------------------------------------------------|-------------------------------------------|----------------------------------------|
| The instru | uction Guide explains how | to complete this form. | 1 Total pages Schedule T: |
| 2 FILER NAME | | <u>//</u> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor | Corporation or Labor Or la | lization / Pledgor / Payee | |
| | iture reported on: hedule A Schedule hedule H Schedule | | D Schedule F Schedule G PAC-C PAC-E |
| 6 Dates of travel | 7 Name of person(s) trav | eling | |
| | 8 Departure city or name | of departure location | |
| | 9 Destination city or name | e of destination location | |
| 10 Means of transportat | tion 11 Purpose o | ftravel (including name of conference, se | eminar, or other event) |
| Name of Contributor / | Corporation or Labor Organia | zation / Pledgor / Payee | |
| Contribution / Expendit | ture reported on: | | |
| ļ | hedule A Schedule | | |
| | hedule H Schedule Name of person(s) travel | | PAC-C PAC-E |
| Dates of travel | | | |
| | Departure city or name of | departure location | |
| | Destination city or name of | destination location | |
| Means of transportation | Purpose of tr | avel (including name of conference, sem | inar, or other event) |
| Name of Contributor / | Corporation or Labor Organiz | zation / Pledgor / Payee | |
| Contribution / Expendi | ture reported on: | | |
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| Dates of travel | Name of person(s) traveli | | |
| | Departure city or name of | departure location | |
| | Destination city or name o | f destination location | |
| Means of transportation | Purpose of tr | avel (including name of conference, sem | inar, or other event) |
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| | ATTACH ADDIT | IONAL COPIES OF THIS SCHEDULE | AS NEEDED |