

**FORM SPAC**  
**COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.			1 ACCOUNT # (Ethics Commission Filers)			2 Total pages filed:		
3 COMMITTEE NAME						OFFICE USE ONLY		
						Date Received		
						Date Hand-delivered or Postmarked		
						Receipt #		Amount
						Date Processed		
4 COMMITTEE ADDRESS						Date Imaged		
<div><input type="checkbox"/> change of address</div>								
5 CAMPAIGN TREASURER NAME								
MS / MRS / MR FIRST MI								
NICKNAME LAST SUFFIX								
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)						STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER'S MAILING ADDRESS						STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<div><input type="checkbox"/> change of address</div>								
8 CAMPAIGN TREASURER PHONE						AREA CODE PHONE NUMBER EXTENSION ( )		
9 REPORT TYPE						<div><div><input type="checkbox"/> January 15</div><div><input type="checkbox"/> July 15</div><div><input type="checkbox"/> 30th day before election</div><div><input type="checkbox"/> 8th day before election</div><div><input type="checkbox"/> Runoff</div><div><input type="checkbox"/> Exceeded \$500 limit</div><div><input type="checkbox"/> Dissolution (attach PAC-DR)</div><div><input type="checkbox"/> 10th day after campaign treasurer termination</div></div>		
10 PERIOD COVERED						Month Day Year / / THROUGH / / Month Day Year		
11 ELECTION						ELECTION DATE Month Day Year / / ELECTION TYPE <div><input type="checkbox"/> Primary<input type="checkbox"/> Runoff<input type="checkbox"/> General<input type="checkbox"/> Special</div>		

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b>		ACCOUNT # (Ethics Commission Filers)	
<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input type="checkbox"/> <b>MEASURE</b>	BALLOT IDENTIFICATION / # <span style="float: right;">ELECTION DATE</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
	DESCRIPTION		
<b>14 CONTRIBUTION TOTALS</b>  <hr/> <b>EXPENDITURE TOTALS</b>  <hr/> <b>CONTRIBUTION BALANCE</b>  <hr/> <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. <b>TOTAL POLITICAL EXPENDITURES</b>  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$  \$  \$  \$  \$  \$	
<b>15 AFFIDAVIT</b>  <div style="text-align: right; margin-right: 100px;">         I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;">         _____          Signature of Campaign Treasurer       </div> <div style="margin-top: 20px;">         AFFIX NOTARY STAMP / SEAL ABOVE           Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.       </div> <div style="display: flex; justify-content: space-between; margin-top: 20px; font-size: small;"> <span>Signature of officer administering oath</span> <span>Printed name of officer administering oath</span> <span>Title of officer administering oath</span> </div>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME			<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>6</b> Contributor address; City; State; Zip Code		<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable) ..... (If travel outside of Texas, complete Schedule T)
<b>9</b> Principal occupation / Job title (See Instructions)			<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) ..... (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) ..... (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) ..... (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) ..... (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME				<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨					\$

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City;   State;   Zip Code	Amount of pledge (\$)   (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City;   State;   Zip Code	Amount of pledge (\$)   (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City;   State;   Zip Code	Amount of pledge (\$)   (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City;   State;   Zip Code	Amount of pledge (\$)   (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Corporation / Labor Organization name  <b>6</b> Corporation / Labor Organization address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name  6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of pledge (\$)	8 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E****The Instruction Guide explains how to complete this form.****1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#:\_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?**8** Lender address; City; State; Zip Code**10** Interest rate

Y N

**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR  
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation (See Instructions)**20** Employer (See Instructions)

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 occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

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.**

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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**POLITICAL CONTRIBUTIONS RETURNED  
TO COMMITTEE****SCHEDULE J**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule J:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date Returned	<b>5</b> Original payee name  ..... <b>6</b> Original payee address;      City;      State;      Zip Code	<b>7</b> Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
Date Returned	Original payee name  ..... Original payee address;      City;      State;      Zip Code	Amount Returned (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K****The Instruction Guide explains how to complete this form.****1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount  
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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

## SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION****FORM PAC - DR**

**The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••**

**1** COMMITTEE NAME**2** ACCOUNT # (Ethics Commission Filers)**3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

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Signature of Campaign Treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath\_\_\_\_\_  
Printed name of officer administering oath\_\_\_\_\_  
Title of officer administering oath