

**Interim City Manager**  
Shirley Holm

**City Secretary**  
D'Ann Lane

**City Attorney**  
Epi Ysassi

## City of George West



406 Nueces Street • George West, Texas 78022  
Phone 361-449-1556 • Fax 361-449-3030

**Mayor**  
Andrew J. Garza

**Mayor Pro-Tem**  
Jearl Rannefeld

**Council**  
Tim Humphrey  
Patricia Clifton  
John Walker

Dear Applicant:

Thank you for applying for your candidacy according to the George West City Charter, you must meet the following requirement to be considered for candidacy,

### Section 3.02 Qualification:

- a) Each member of the city council shall be a resident of George West, and shall be a qualified voter of the State of Texas, and shall have been a bona fide resident of the city for at least twelve (12) months prior to the date of election. Any resident of a territory annexed under the provisions of the Charter shall be eligible to said office if he or she meet the qualifications other than those requiring residence for said twelve (12) months' period.
- b) Any council member that misses three consecutive regular council meetings may be removed from office by vote of the city council. (Ord. No. 507, § 1,2-17-1992)

### Section 4.03 Procedure for filing:

- a) Any person qualified under article III, section 2 as amended, of the Charter [section 3.02] shall have the right to file an application to have his name placed on the official ballot as a candidate for any elective office and such application, in writing, signed by such applicant to a place on the official ballot. In addition to the above application, each candidate shall file loyalty affidavits as prescribed by the election laws of the State of Texas. Candidates shall file for places. The names of candidates will be listed numerically by place.

- b) No employee of the city shall continue in such position after becoming a candidate for an elective office. Candidates for each place will draw for positions by lot on the ballot for that place. An incumbent seeking re-election must file for the same place number presently serving. No candidate may file for more than one office or position number per election.

Enclosed is your packet of forms and instructions to file as a candidate for the City Election on , May 7, 2022. The last day for filling your application for a place on the ballot is February 18, 2022, by 5:00 p.m. Your signature must be notarized BEFORE submitting it to my office.

I have listed links below to help answer any questions you may have. The ethics links will help you fill out your forms.

<https://ethics.state.tx.us/>

[https://coh\\_ins.pdf](https://coh_ins.pdf)

<https://www.sos.state.tx.us/elections/>

<https://www.sos.state.tx.us/elections/laws/may-2-election-law-calendar-2020.shtml>

Thank you,

D'Ann Lane, Election Officer

City Secretary

City of George West

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

## APPLICATION FOR A PLACE ON THE \_\_\_\_\_ GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)

INDICATE TERM

☐ FULL

☐ UNEXPIRED

FULL NAME (First, Middle, Last)

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT<sup>1</sup>

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)

CITY

STATE

ZIP

CITY

STATE

ZIP

PUBLIC EMAIL ADDRESS (If available)

OCCUPATION (Do not leave blank)

DATE OF BIRTH

VOTER REGISTRATION VUID NUMBER (Optional)<sup>2</sup>

TELEPHONE CONTACT INFORMATION (Optional)

Home:

Work:

Cell:

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED<sup>3</sup>

\_\_\_\_\_ year (s)

\_\_\_\_\_ year (s)

\_\_\_\_\_ month(s)

\_\_\_\_\_ month(s)

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) \_\_\_\_\_, who being by me here and now duly sworn, upon oath says:

"I, (name) \_\_\_\_\_, of \_\_\_\_\_ County, Texas, being a candidate for the office of \_\_\_\_\_, 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_.

SEAL

Signature of Officer Administering Oath<sup>4</sup>

Title of Officer Administering Oath

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:

(See Section 1.007)

Date Received

Signature of Secretary

Voter Registration Status Verified ☐



## INSTRUCTIONS

An application to have the name of a candidate placed on the ballot for any general election may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields **must** be completed unless specifically marked optional.

The general election filing deadline is 5:00 p.m. 78 days prior to election day for any uniform election date.

If you have questions about the application, please contact the Secretary of State's Elections Division at 800-252-8683.

## NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to himself, or to any other member of the governing body or court on which he serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree: six months, if the officer or member is elected at the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

Examples of relatives within the third degree of consanguinity are as follows:

- (1) First degree: parent, child;
- (2) Second degree: brother, sister, grandparent, grandchild;
- (3) Third degree: great-grandparent, great-grandchild, uncle, aunt, nephew, niece.

These include relatives by blood, half-blood, and legal adoption. Examples of relatives within the second degree of affinity are as follows:

- (1) First degree: spouse, spouse's parent, son-in-law, daughter-in-law;
- (2) Second degree: brother's spouse, sister's spouse, spouse's brother, spouse's sister, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all inclusive.

## FOOTNOTES

<sup>1</sup>For rules concerning the form of a candidate's name or nickname on the ballot, see Subchapter B, Chapter 52 of the Texas Election Code.

<sup>2</sup>Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

<sup>3</sup>This refers to the length of residence inside the district or territory from which the office is elected. For example, length of residence in a school district, for a school trustee office elected at large. This field **MUST BE COMPLETED**.

<sup>4</sup>All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary (for a city office), and the Secretary of State of Texas.

**DEBE PROPORCIONARSE LA INFORMACIÓN REQUERIDA A MENOS QUE SE INDIQUE QUE ES OPCIONAL**

SOLICITUD PARA FIGURAR EN LA BOLETA DE _____ ELECCIÓN GENERAL									
A: Secretario(a) de la Ciudad/ Secretario del Consejo									
Solicito que mi nombre figure en la boleta oficial indicada más arriba como candidato/a al cargo a continuación.									
PUESTO OFICIAL SOLICITADO (Incluya cualquier número de cargo u otro número distintivo, si el cargo lo tiene.)				<b>INDIQUE TÉRMINO</b> <input type="checkbox"/> TÉRMINO COMPLETO <input type="checkbox"/> TÉRMINO INCOMPLETO					
NOMBRE COMPLETO (Primer nombre, segundo nombre, apellido)			ESCRIBA SU NOMBRE COMO DESEA QUE FIGURE EN LA BOLETA <sup>1</sup>						
DIRECCIÓN RESIDENCIAL PERMANENTE (No incluya una casilla postal o una ruta rural. Si usted no tiene una dirección residencial, describa el lugar en que recibe correspondencia personal y la ubicación de su residencia.)			DIRECCIÓN POSTAL PÚBLICA (Dirección en la que recibirá correspondencia relacionada a su campaña, si es disponible.)						
CIUDAD	ESTADO	CÓDIGO POSTAL	CIUDAD	ESTADO	CÓDIGO POSTAL				
CORREO ELECTRÓNICO PÚBLICO (Si está disponible.)		EMPLEO (No deje este espacio en blanco.)		FECHA DE NACIMIENTO  / /	VUID – NÚMERO UNICO DE IDENTIFICACION DE VOTANTE (Opcional) <sup>2</sup>				
<b>INFORMACIÓN DE CONTACTO (Opcional)</b> Tel. residencial:  Tel. laboral:  Tel. celular:			<b>DURACIÓN DE RESIDENCIA CONTINUA AL MOMENTO DE JURAMENTAR ESTA SOLICITUD</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">EN EL ESTADO</th> <th style="padding: 5px;">EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A<sup>3</sup></th> </tr> <tr> <td style="padding: 5px; text-align: center;">           ____ año(s)            ____ mes(es)         </td> <td style="padding: 5px; text-align: center;">           ____ año(s)            ____ mes(es)         </td> </tr> </table>			EN EL ESTADO	EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A <sup>3</sup>	____ año(s) ____ mes(es)	____ año(s) ____ mes(es)
EN EL ESTADO	EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A <sup>3</sup>								
____ año(s) ____ mes(es)	____ año(s) ____ mes(es)								
En caso de usar un apodo como parte de su nombre en la boleta, usted también firma y jura lo siguiente: Asimismo, juro que mi apodo no constituye un lema político ni tampoco es una indicación de mis creencias o afiliaciones políticas, económicas, sociales o religiosas. Se me ha conocido por este apodo durante al menos tres años antes de esta elección.									
Ante mí, la autoridad suscrita, compareció (nombre) _____, quien frente a mí y bajo juramento debido, declara:									
“Yo, (nombre) _____, del condado de _____, Texas, siendo candidato para el cargo oficial de _____, juro solemnemente que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitución y las leyes de este Estado. No se me ha condenado por un delito mayor por el cual no haya sido absuelto o por el cual no se me hayan restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. No existe un fallo final de un tribunal testamentario que me declare total o parcialmente incapacitado mentalmente sin derecho a votar. Yo tengo conocimiento de la ley sobre el nepotismo según el Capítulo 573 del Código de Gobierno.									
Además, juro que las declaraciones anteriores que incluyo en mi solicitud son verdaderas y correctas”.									
<b>X</b> _____ FIRMA DEL CANDIDATO									
Jurado y suscrito ante mí en _____, este día ____ de _____.					<b>SELLO</b>				
Firma del oficial que administra el juramento <sup>4</sup> _____			Título del oficial que administra el juramento _____						
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:									
(See Section 1.007)									
Voter Registration Status Verified <input type="checkbox"/>		Date Received _____		Signature of Secretary _____					



## INSTRUCCIONES

La solicitud para que el nombre de un candidato figure en la boleta para cualquier elección general no deberá registrarse antes de los treinta (30) días previos a la fecha límite para registrar la solicitud, según lo prescribe este código. Cualquier solicitud registrada antes de esa fecha se declarará inválida. Todos los campos **deben ser completados** a menos que se indique específicamente marcados como opcional.

El último día para registrarse es a las 5 de la tarde setenta y ocho (78) días antes del día de la elección en el caso de elecciones uniformes.

Si tiene alguna pregunta sobre la solicitud, por favor póngase en contacto con la división de elecciones del Secretario de Estado al 800-252-8683.

## LEY SOBRE EL NEPOTISMO

El candidato deberá firmar esta declaración para indicar que tiene conocimiento sobre la ley sobre el nepotismo. A continuación figuran las prohibiciones del nepotismo según el capítulo 573 de Código Gobierno:

Ningún funcionario podrá nombrar, votar por o confirmar el nombramiento o empleo de ninguno de sus parientes en segundo grado por afinidad (matrimonio) o en tercer grado por consanguinidad (sangre), o de los parientes de cualquier otro integrante del cuerpo directivo o tribunal en que el funcionario celebre sesión cuando la compensación para esa persona se pague con fondos públicos u honorarios de su puesto oficial. Sin embargo, la ley no prohíbe el nombramiento, el votar por o la confirmación de ninguna persona que haya trabajado en la oficina de manera continua o el empleo para el siguiente período antes de la elección o el nombramiento del funcionario o miembro emparentado con el empleado en el grado prohibido: seis meses, si el funcionario o miembro se elige en una elección general de funcionarios de estado y condado.

Ningún candidato podrá influir sobre un empleado relacionado al puesto oficial al cual el candidato aspira o un empleado o funcionario del cuerpo fiscal al cual el candidato aspira respecto del nombramiento o el empleo de un pariente del candidato en un grado prohibido según se indica arriba. Esta restricción no se dirige a las acciones de un candidato respecto de una clase o categoría de empleados o posibles empleados de buena fe.

Los ejemplos de parentesco en tercer grado por consanguinidad son los siguientes:

- (1) Primer grado: padre, madre, hijo(a);
- (2) Segundo grado: hermano(a), abuelo(a), nieto(a);
- (3) Tercer grado: bisabuelo(a), bisnieto(a), tío(a), sobrino(a).

Los siguientes incluyen parentescos de consanguinidad, medios hermanos y adopción legal. Los ejemplos de parentescos en segundo grado por afinidad son los siguientes:

- (1) Primer grado: cónyuge, suegro(a), yerno, nuera;
- (2) Segundo grado: cuñado(a), abuelo(a) del cónyuge.

Las personas que están emparentadas por afinidad (matrimonio) incluyen los cónyuges de parientes emparentados por consanguinidad, y, si casados, el cónyuge y los parientes del cónyuge por consanguinidad. No todos estos ejemplos son inclusivos.

## NOTAS

<sup>1</sup>Para reglas sobre la forma del nombre de un candidato o apodo en la boleta electoral, vea el subcapítulo B, Capítulo 52 del Código Electoral de Texas.

<sup>2</sup>La inclusión del número único de identificación de votante (VUID, por sus siglas en Inglés) es opcional. Sin embargo, para muchos candidatos, es un requisito estar registrados como votantes en el territorio por el cual serían electos a partir de la fecha límite de la solicitud. Puede encontrar información adicional sobre el requisito de registro de votante en nuestra página: <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

<sup>3</sup>Esto se refiere a la duración de la residencia dentro del distrito o territorio de que se elige la oficina. Por ejemplo, la duración de residencia en un distrito escolar, para una oficina del consejero escolar elegida en general. Este campo **DEBE SER COMPLETADO**.

<sup>4</sup>Los juramentos, las declaraciones juradas o las afirmaciones que se efectúen dentro de este Estado podrán ser administradas por un juez, escribano o comisionado de alguna corte de registro, por un notario público, un juez de paz, un secretario de la ciudad o el Secretario de Estado de Texas, quienes cuentan con la capacidad de proporcionar un certificado del hecho.

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Filer ID #	
		Date Received	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked	
	( )	Receipt # Amount \$	
5 OFFICE HELD (if any)		Date Processed	
6 OFFICE SOUGHT (if known)		Date Imaged	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p>_____ Signature of Candidate</p> <p>_____ Date Signed</p>		

GO TO PAGE 2

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••

I do not intend to accept more than \$900 in political contributions or  
make more than \$900 in political expenditures (excluding filing fees)  
in connection with any future election within the election cycle.  
I understand that if either one of those limits is exceeded, I will be  
required to file pre-election reports and, if necessary, a runoff  
report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileARreport.php>



**TEXAS ETHICS COMMISSION**

**APPOINTMENT OF A CAMPAIGN TREASURER**  
**BY A CANDIDATE**

**FORM CTA--INSTRUCTION GUIDE**



**Revised January 15, 2020**

**Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711**

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

**(512) 463-5800 • TDD (800) 735-2989**

*Promoting Public Confidence in Government*

# FORM CTA—INSTRUCTION GUIDE

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## **APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE**

### **GENERAL INSTRUCTIONS**

*These instructions are for the APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (Form CTA). Use Form CTA only for appointing your campaign treasurer. Use the AMENDMENT (Form ACTA) for changing information previously reported on Form CTA and for renewing your choice to report under the modified schedule. Note: Candidates for most judicial offices use Form JCTA to file a campaign treasurer appointment.*

### **DUTIES OF A CANDIDATE OR OFFICEHOLDER**

As a candidate or officeholder, you alone, not the campaign treasurer, are responsible for filing this form and all candidate/officeholder reports of contributions, expenditures, and loans. Failing to file a report on time or filing an incomplete report may subject you to criminal or civil penalties.

### **QUALIFICATIONS OF CAMPAIGN TREASURER**

A person is ineligible for appointment as a campaign treasurer if the person is the campaign treasurer of a political committee that has outstanding filing obligations (including outstanding penalties). This prohibition does not apply if the committee in connection with which the ineligibility arose has not accepted more than \$5,000 in political contributions or made more than \$5,000 in political expenditures in any semiannual reporting period. A person who violates this prohibition is liable for a civil penalty not to exceed three times the amount of political contributions accepted or political expenditures made in violation of this provision. Note: A candidate may appoint himself or herself as his or her own campaign treasurer.

### **DUTIES OF A CAMPAIGN TREASURER**

State law does not impose any obligations on a candidate's campaign treasurer.

### **REQUIREMENT TO FILE BEFORE BEGINNING A CAMPAIGN**

If you plan to run for a public office in Texas (except for a federal office), you must file this form when you become a candidate even if you do not intend to accept campaign contributions or make campaign expenditures. A "candidate" is a person who knowingly and willingly takes affirmative action for the purpose of gaining nomination or election to public office or for the purpose of satisfying financial obligations incurred by the person in connection with the campaign for nomination or election. Examples of affirmative action include:

- (A) the filing of a campaign treasurer appointment, except that the filing does not constitute candidacy or an announcement of candidacy for purposes of the automatic resignation provisions of Article XVI, Section 65, or Article XI, Section 11, of the Texas Constitution;

- (B) the filing of an application for a place on the ballot;
- (C) the filing of an application for nomination by convention;
- (D) the filing of a declaration of intent to become an independent candidate or a declaration of write-in candidacy;
- (E) the making of a public announcement of a definite intent to run for public office in a particular election, regardless of whether the specific office is mentioned in the announcement;
- (F) before a public announcement of intent, the making of a statement of definite intent to run for public office and the soliciting of support by letter or other mode of communication;
- (G) the soliciting or accepting of a campaign contribution or the making of a campaign expenditure; and
- (H) the seeking of the nomination of an executive committee of a political party to fill a vacancy.

Additionally, the law provides that you must file this form before you may accept a campaign contribution or make or authorize a campaign expenditure, including an expenditure from your personal funds. A filing fee paid to a filing authority to qualify for a place on a ballot is a campaign expenditure that may not be made before filing a campaign treasurer appointment form with the proper filing authority.

If you are an officeholder, you may make officeholder expenditures and accept officeholder contributions without having a campaign treasurer appointment on file. If you do not have a campaign treasurer appointment on file and you wish to accept *campaign* contributions or make *campaign* expenditures in connection with your office or for a different office, you must file this form before doing so. In such a case, a sworn report of contributions, expenditures, and loans will be due no later than the 15th day after filing this form.

## WHERE TO FILE A CAMPAIGN TREASURER APPOINTMENT

The appropriate filing authority depends on the office sought or held.

**a. Texas Ethics Commission.** The Texas Ethics Commission (Commission) is the appropriate filing authority for the Secretary of State and for candidates for or holders of the following offices:

- Governor, Lieutenant Governor, Attorney General, Comptroller, Treasurer, Land Commissioner, Agriculture Commissioner, Railroad Commissioner.
- State Senator or State Representative.
- Supreme Court Justice, Court of Criminal Appeals Judge, and Court of Appeals Judge.\*



- State Board of Education.
- A multi-county district judge\* or multi-county district attorney.
- A single-county district judge.\*
- An office of a political subdivision other than a county if the political subdivision includes areas in more than one county and if the governing body of the political subdivision has not been formed.
- A chair of the state executive committee of a political party with a nominee on the ballot in the most recent gubernatorial election.
- A county chair of a political party with a nominee on the ballot in the most recent gubernatorial election if the county has a population of 350,000 or more.

\* Judicial candidates use FORM JCTA to appoint a campaign treasurer.

**b. County Clerk.** The county clerk (or the county elections administrator or tax assessor, as applicable) is the appropriate local filing authority for a candidate for:

- A county office.
- A precinct office.
- A district office (except for multi-county district offices).
- An office of a political subdivision other than a county if the political subdivision is within the boundaries of a single county and if the governing body of the political subdivision has not been formed.

**c. Local Filing Authority.** If a candidate is seeking an office of a political subdivision other than a county, the appropriate filing authority is the *clerk or secretary of the governing body* of the political subdivision. If the political subdivision has no clerk or secretary, the appropriate filing authority is the governing body's presiding officer. Basically, any political subdivision that is authorized by the laws of this state to hold an election is considered a local filing authority. Examples are cities, school districts, and municipal utility districts.

## FILING WITH A DIFFERENT AUTHORITY

If you have a campaign treasurer appointment on file with one authority, and you wish to accept campaign contributions or make or authorize campaign expenditures in connection with another office that would require filing with a different authority, you must file a new campaign treasurer appointment and a copy of your old campaign treasurer appointment (certified by the old authority) with the new filing authority before beginning your campaign. You should also provide written notice to the original filing authority that your future reports will be filed with another authority.

## **FORMING A POLITICAL COMMITTEE**

As a candidate, you must file an APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (FORM CTA). You may also form a specific-purpose committee to support your candidacy. Remember that filing a campaign treasurer appointment for a political committee does not eliminate the requirement that a candidate file his or her own campaign treasurer appointment (FORM CTA) and the related reports.

**NOTE:** *See the Campaign Finance Guide for Political Committees for further information about specific-purpose committees.*

## **CHANGING A CAMPAIGN TREASURER**

If you wish to change your campaign treasurer, simply file an amended campaign treasurer appointment (FORM ACTA). This will automatically terminate the outgoing campaign treasurer appointment.

## **AMENDING A CAMPAIGN TREASURER APPOINTMENT**

If *any* of the information reported on the campaign treasurer appointment (FORM CTA) changes, file an AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (FORM ACTA) to report the change.

## **REPORTING REQUIREMENT FOR CERTAIN OFFICEHOLDERS**

If you are an officeholder who appoints a campaign treasurer after a period of not having one, you must file a report of contributions, expenditures, and loans no later than the 15th day after your appointment is effective. This requirement is not applicable if you are a candidate or an officeholder who is merely changing campaign treasurers.

## **TERMINATING A CAMPAIGN TREASURER APPOINTMENT**

You may terminate your campaign treasurer appointment at any time by:

- 1) filing a campaign treasurer appointment for a successor campaign treasurer, or
- 2) filing a final report.

Remember that you may not accept any campaign contributions or make or authorize any campaign expenditures without a campaign treasurer appointment on file. You may, however, accept officeholder contributions and make or authorize officeholder expenditures.

If your campaign treasurer quits, he or she must give written notice to both you and your filing authority. The termination will be effective on the date you receive the notice or on the date your filing authority receives the notice, whichever is later.

## FILING A FINAL REPORT

For filing purposes, you are a “candidate” as long as you have an appointment of campaign treasurer on file. If you do not expect to accept any further campaign contributions or to make any further campaign expenditures, you may file a final report of contributions and expenditures.

A final report terminates your appointment of campaign treasurer and relieves you of the obligation of filing further reports as a candidate. If you have surplus funds, or if you retain assets purchased with political funds, you will be required to file annual reports. (*See instructions for FORM C/OH - UC.*) If you are an officeholder at the time of filing a final report, you may be required to file semiannual reports of contributions, expenditures, and loans as an officeholder.

If you do not have an appointment of campaign treasurer on file, you may not accept *campaign* contributions or make *campaign* expenditures. A payment on a campaign debt is a campaign expenditure. An officeholder who does not have an appointment of campaign treasurer on file may accept *officeholder* contributions and make *officeholder* expenditures.

To file a final report, you must complete the CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT (FORM C/OH), check the “final” box on Page 1, Section 9, and complete and attach the DESIGNATION OF FINAL REPORT (FORM C/OH-FR).

## ELECTRONIC FILING

All persons filing campaign finance reports with the Commission are required to file those reports electronically unless the person is entitled to claim an exemption. Please check the Commission’s website at <http://www.ethics.state.tx.us> for information about exemptions from the electronic filing requirements.

## GUIDES

All candidates should review the applicable Commission’s campaign finance guide. Guides are available on the Commission’s website at <http://www.ethics.state.tx.us>.

## SPECIFIC INSTRUCTIONS

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

### PAGE 1

- 1. TOTAL PAGES FILED:** After you have completed the form, enter the total number of pages of this form and any additional pages. A “page” is one side of a two-sided form. If you are not using a two-sided form, a “page” is a single sheet.
- 2. CANDIDATE NAME:** Enter your full name, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable. Enter your name in the same way on Page 2, Section 11, of this form.

3. **CANDIDATE MAILING ADDRESS:** Enter your complete mailing address, including zip code. This information will allow your filing authority to correspond with you. If this information changes, please notify your filing authority immediately.
4. **CANDIDATE PHONE:** Enter your phone number, including the area code and extension, if applicable.
5. **OFFICE HELD:** If you are an officeholder, please enter the office you currently hold. Include the district, precinct, or other designation for the office, if applicable.
6. **OFFICE SOUGHT:** If you are a candidate, please enter the office you seek, if known. Include the district, precinct, or other designation for the office, if applicable.
7. **CAMPAIGN TREASURER NAME:** Enter the full name of your campaign treasurer, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable.
8. **CAMPAIGN TREASURER STREET ADDRESS:** Enter the complete street address of your campaign treasurer, including the zip code. You may enter either the treasurer's business or residential street address. If you are your own treasurer, you may enter either your business or residential street address. Please do not enter a P.O. Box.
9. **CAMPAIGN TREASURER PHONE:** Enter the phone number of your campaign treasurer, including the area code and extension, if applicable.
10. **CANDIDATE SIGNATURE:** Enter your signature after reading the summary. Your signature here indicates that you have read the following summary of the nepotism law; that you are aware of your responsibility to file timely reports; and that you are aware of the restrictions on contributions from corporations and labor organizations.
  - The Texas nepotism law (Government Code, chapter 573) imposes certain restrictions on both officeholders and candidates. You should consult the statute in regard to the restrictions applicable to officeholders.
  - A candidate may not take an affirmative action to influence an employee of the office to which the candidate seeks election in regard to the appointment, confirmation, employment or employment conditions of an individual who is related to the candidate within a prohibited degree.
  - A candidate for a multi-member governmental body may not take an affirmative action to influence an officer or employee of the governmental body to which the candidate seeks election in regard to the appointment, confirmation, or employment of an individual related to the candidate in a prohibited degree.
  - Two people are related within a prohibited degree if they are related within the third degree by consanguinity (blood) or the second degree by affinity (marriage). The degree of consanguinity is determined by the number of generations that separate them. If neither is descended from the other, the degree of consanguinity



is determined by adding the number of generations that each is separated from a common ancestor. Examples: (1) first degree - parent to child; (2) second degree - grandparent to grandchild; or brother to sister; (3) third degree - great-grandparent to great-grandchild; or aunt to niece who is child of individual's brother or sister. A husband and wife are related in the first degree by affinity. A wife has the same degree of relationship by affinity to her husband's relatives as her husband has by consanguinity. For example, a wife is related to her husband's grandmother in the second degree by affinity.

## **PAGE 2**

**11. CANDIDATE NAME:** Enter your name as you did on Page 1.

**12. MODIFIED REPORTING DECLARATION:** Sign this option if you wish to report under the modified reporting schedule.

The modified reporting option is not available for candidates for the office of state chair of a political party and candidates for county chair of a political party.

To the left of your signature, enter the year of the election or election cycle to which your selection of modified reporting applies.

Your selection of modified reporting is valid for an entire election cycle. For example, if you choose modified reporting before a primary election, your selection remains in effect for any runoff and for the general election and any related runoff. You must make this selection at least 30 days before the first election to which your selection applies.

An opposed candidate in an election is eligible to report under the modified reporting schedule if he or she does not intend to accept more than \$900 in political contributions or make more than \$900 in political expenditures in connection with an election. The amount of a filing fee paid to qualify for a place on the ballot does not count against the \$900 expenditure limit. An opposed candidate who reports under the modified schedule is not required to file pre-election reports (due 30 days and 8 days before an election) or runoff reports (due 8 days before a runoff). (Note: An *unopposed* candidate is not required to file pre-election reports in the first place.) The obligations to file semiannual reports, special pre-election reports (formerly known as telegram reports), or special session reports, if applicable, are not affected by selecting the modified schedule.

The \$900 maximums apply to each election within the cycle. In other words, you are limited to \$900 in contributions and expenditures in connection with the primary, an additional \$900 in contributions and expenditures in connection with the general election, and an additional \$900 in contributions and expenditures in connection with a runoff.

**EXCEEDING \$900 IN CONTRIBUTIONS OR EXPENDITURES.** If you exceed \$900 in contributions or expenditures in connection with an election, you must file according to the regular filing schedule. In other words, you must file pre-election reports and a runoff report, if you are in a runoff.

If you exceed either of the \$900 limits *after the 30th day before the election*, you must file a sworn report of contributions and expenditures within 48 hours after exceeding the limit. After that, you must file any pre-election reports or runoff reports that are due under the regular filing schedule.

Your selection is not valid for other elections or election cycles. Use the AMENDMENT (FORM ACTA) to renew your option to file under the modified schedule for a different election year or election cycle.

*For more information, see the Commission's campaign finance guide that applies to you.*

# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA  
PG 1

1 CANDIDATE  
NAME

2 FILER ID#

3 Total pages filed:

See ACTA Instruction Guide for detailed instructions.

Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE  
NAME

NEW

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CANDIDATE  
MAILING  
ADDRESS

NEW

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6 CANDIDATE  
PHONE

NEW

AREA CODE

PHONE NUMBER

EXTENSION

( )

7 OFFICE HELD  
(if any)

NEW

8 OFFICE  
SOUGHT  
(if known)

NEW

9 CAMPAIGN  
TREASURER  
NAME

NEW

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

10 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

NEW

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;

STATE;

ZIP CODE

11 CAMPAIGN  
TREASURER  
PHONE

NEW

AREA CODE

PHONE NUMBER

EXTENSION

( )

12 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

Date Signed

GO TO PAGE 2

**AMENDMENT:**  
**CANDIDATE MODIFIED REPORTING DECLARATION**

**FORM ACTA**  
**PG 2**

**13 CANDIDATE  
NAME**

**14 MODIFIED  
REPORTING  
DECLARATION**

**NEW**

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$900 in political contributions  
or make more than \$900 in political expenditures (excluding filing  
fees) in connection with any future election within the election cycle.  
I understand that if either one of those limits is exceeded, I will be  
required to file pre-election reports and, if necessary, a runoff  
report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>



# TEXAS ETHICS COMMISSION

## AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### FORM ACTA-INSTRUCTION GUIDE



Revised January 15, 2020

Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

(512) 463-5800 • TDD (800) 735-2989

*Promoting Public Confidence in Government*

## FORM ACTA—AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### GENERAL INSTRUCTIONS

*These instructions are for the AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (Form ACTA). Use this form for changing information previously reported on Form CTA and for renewing your choice to report under the modified schedule. The information you enter on this form will replace the information from your previous APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (Form (CTA)).*

If any of the information required to be reported on your CAMPAIGN TREASURER APPOINTMENT changes, you should file an amendment. Use the AMENDMENT form (Form ACTA) to report the changes. Do not use the APPOINTMENT form (Form CTA).

You must also use the AMENDMENT form to renew your option to file under the modified schedule.

Except for your name at the top of the form (and your filer account number, if you file with the Texas Ethics Commission (Commission)), enter only the information that is *different* from what is on your current campaign treasurer appointment. Do not repeat information that has not changed. The “NEW” boxes emphasize that the information entered on this form should only be information that is different from what was previously reported. Any information entered in a space with a “NEW” box will replace the existing information.

### SPECIFIC INSTRUCTIONS

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

#### **PAGE 1**

- 1. CANDIDATE NAME:** Enter your name as it is on your current campaign treasurer appointment. Enter your name in the same way on Page 2, Section 13, of this form. If you are reporting a name change, enter your new name under Section 4.
- 2. FILER ID #:** If you are filing with the Commission, you were assigned a filer account number when you filed your initial campaign treasurer appointment. You should have received a letter acknowledging receipt of the form and informing you of your account number. Enter this number wherever you see “FILER ID #.” If you do not file with the Ethics Commission, you are not required to enter an account number.
- 3. TOTAL PAGES FILED:** After you have completed the form, enter the total number of pages of this form and any additional pages. A “page” is one side of a two-sided form. If you are not using a two-sided form, a “page” is a single sheet.

4. **CANDIDATE NAME:** Complete this section only if your name has *changed*. If your name has changed, enter your complete new name, including nicknames and suffixes (e.g., Sr., Jr., III) if applicable.
5. **CANDIDATE MAILING ADDRESS:** Complete this section only if your mailing address has *changed*. If your mailing address has changed, enter your complete new address, including zip code. This information will allow your filing authority to correspond with you.
6. **CANDIDATE PHONE:** Complete this section only if your phone number has *changed*. If your phone number has changed, enter your new phone number, including the area code and extension, if applicable.
7. **OFFICE HELD:** If you are an officeholder, complete this section only if your office has *changed*. If your office has changed, please enter the new office held. Include the district, precinct, or other designation for the office, if applicable.
8. **OFFICE SOUGHT:** If you are a candidate, complete this section only if the office you seek has *changed*. If the office has changed, please enter the office you now seek, if known. Include the district, precinct, or other designation for the office, if applicable.

**Note:** Changing the office you are seeking may require you to file your reports with a different filing authority. See the Campaign Finance Guide for further information on filing with a different authority.

9. **CAMPAIGN TREASURER NAME:** Complete this section only if your campaign treasurer has *changed*. If your campaign treasurer has changed, enter the full name of your new campaign treasurer, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable.

**Qualifications of Campaign Treasurer.** A person is ineligible for appointment as a campaign treasurer if the person is the campaign treasurer of a political committee that has outstanding filing obligations (including outstanding penalties). This prohibition does not apply if the committee in connection with which the ineligibility arose has not accepted more than \$5,000 in political contributions or made more than \$5,000 in political expenditures in any semiannual reporting period. A person who violates this prohibition is liable for a civil penalty not to exceed three times the amount of political contributions accepted or political expenditures made in violation of this provision.

10. **CAMPAIGN TREASURER STREET ADDRESS:** Complete this section only if your campaign treasurer's street address has *changed*. If your campaign treasurer's street address has changed, enter the complete new address of your campaign treasurer, including the zip code. You may enter either the treasurer's new business or residential street address. If you are your own treasurer, you may enter either your business or residential street address. Please do not enter a P.O. Box.

**11. CAMPAIGN TREASURER PHONE:** Complete this section only if your campaign treasurer's phone number has *changed*. If your campaign treasurer's phone number has changed, enter the new phone number of your campaign treasurer, including the area code and extension, if applicable.

**12. CANDIDATE SIGNATURE:** Enter your signature after reading the summary. Your signature here indicates that you have read the following summary of the nepotism law; that you are aware of your responsibility to file timely reports; and that you are aware of the restrictions on contributions from corporations and labor organizations.

- The Texas nepotism law (Government Code, chapter 573) imposes certain restrictions on both officeholders and candidates. You should consult the statute in regard to the restrictions applicable to officeholders.
- A candidate may not take an affirmative action to influence an employee of the office to which the candidate seeks election in regard to the appointment, confirmation, employment or employment conditions of an individual who is related to the candidate within a prohibited degree.
- A candidate for a multi-member governmental body may not take an affirmative action to influence an officer or employee of the governmental body to which the candidate seeks election in regard to the appointment, confirmation, or employment of an individual related to the candidate in a prohibited degree.
- Two people are related within a prohibited degree if they are related within the third degree by consanguinity (blood) or the second degree by affinity (marriage). The *degree of consanguinity* is determined by the number of generations that separate them. If neither is descended from the other, the degree of consanguinity is determined by adding the number of generations that each is separated from a common ancestor. **Examples:** (1) first degree - parent to child; (2) second degree - grandparent to grandchild; or brother to sister; (3) third degree - great-grandparent to great-grandchild; or aunt to niece who is child of individual's brother or sister. A husband and wife are related in the first degree by affinity. A wife has the same degree of relationship by affinity to her husband's relatives as her husband has by consanguinity. For example, a wife is related to her husband's grandmother in the second degree by affinity.

**Note:** The changes you have made on this form will replace the information on your previous APPOINTMENT form (Form CTA).



**PAGE 2**

**13. CANDIDATE NAME:** Enter your name as you did on Page 1, Section 1.

**14. MODIFIED REPORTING DECLARATION:** Sign this option if you wish to report under the modified reporting schedule.

The modified reporting option is not available for candidates for the office of state chair of a political party.

To the left of your signature, enter the year of the election or election cycle to which your selection of modified reporting applies.

Your selection of modified reporting is valid for an entire election cycle. For example, if you choose modified reporting before a primary election, your selection remains in effect for any runoff and for the general election and any related runoff. You must make this selection at least 30 days before the first election to which your selection applies.

An opposed candidate in an election is eligible to report under the modified reporting schedule if he or she does not intend to accept more than \$900 in political contributions or make more than \$900 in political expenditures in connection with an election. The amount of a filing fee paid to qualify for a place on the ballot does not count against the \$900 expenditure limit. An opposed candidate who reports under the modified schedule is not required to file pre-election reports (due 30 days and 8 days before an election) or runoff reports (due 8 days before a runoff). (Note: An *unopposed* candidate is not required to file pre-election reports in the first place.) The obligations to file semi-annual reports, special pre-election reports (formerly known as telegram reports), or special session reports, if applicable, are not affected by selecting the modified schedule.

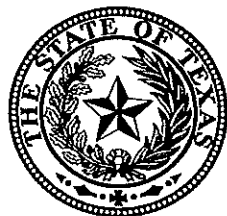
The \$900 maximums apply to each election within the cycle. In other words, you are limited to \$900 in contributions and expenditures in connection with the primary, an additional \$900 in contributions and expenditures in connection with the general election, and an additional \$900 in contributions and expenditures in connection with a runoff.

**Exceeding \$900 in contributions or expenditures.** If you exceed \$900 in contributions or expenditures in connection with an election, you must file according to the regular schedule. In other words, you must file pre-election reports and a runoff report, if you are in a runoff.

If you exceed either of the \$900 limits *after the 30th day before the election*, you must file a sworn report of contributions and expenditures within 48 hours after exceeding the limit. After that, you must file any pre-election reports or runoff reports that are due under the regular filing schedule.

Your selection is not valid for other elections or election cycles. Use another amendment form (ACTA) to renew your option to file under the modified schedule.

*For more information, see the Commission's campaign finance guide that applies to you.*



# TEXAS ETHICS COMMISSION

See the back for text of Section 252.010, Election Code, Transfer of Appointment

FILER NAME	FILER ID #
------------	------------

OFFICE USE ONLY
HD / PM
DATE PROCESSED

I have requested a certified copy of my current campaign treasurer appointment on file with the \_\_\_\_\_ (previous filing authority). I am transferring my treasurer appointment to the following authority:

\_\_\_\_\_  
New filing authority

\_\_\_\_\_  
Office sought

\_\_\_\_\_  
Signature of filer

\_\_\_\_\_  
Date

---

## **TRANSFER OF APPOINTMENT**

- (a) If a candidate who has filed a campaign treasurer appointment decides to seek a different office that would require the appointment to be filed with another authority, a copy of the appointment certified by the authority with whom it was originally filed must be filed with the other authority in addition to the new campaign treasurer appointment.
- (b) The original appointment terminates on the filing of the copy with the appropriate authority or on the 10th day after the date the decision to seek a different office is made, whichever is earlier.

Elec. Code § 252.010

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

#### 1 ACCOUNT NUMBER (Ethics Commission Filers)

#### 2 TYPE OF FILER

CANDIDATE ☐POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

#### 3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

#### 4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

( )

#### 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

#### 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

#### 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

#### 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**



## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

**THEREFORE:**

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

---

Signature

---

Date

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE A1

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

2 FILER NAME

4 Date

7 Amount of contribution (\$)

<b>8</b>	<b>Principal occupation / Job title (See Instructions)</b>
----------	--

Date \_\_\_\_\_

Amount of contribution (\$)

Employer (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

Employer (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

Employer (See Instructions)

Revised 8/17/2020

**SCHEDULE A2**

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

**2 FILER NAME**

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

---

**5 Date**

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8	Amount of Contribution \$
---	---------------------------

9 In-kind contribution  
description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**16** If contributor 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 Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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



# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 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 \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS****SCHEDULE E**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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 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/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (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	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# **PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

## **SCHEDULE F3**

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 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; City; State; Zip Code		
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City; State; Zip Code		
	Description of investment		
	Amount of investment (\$)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

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

9 TYPE OF EXPENDITURE ☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

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

Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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)

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/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (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
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held

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)

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/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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> Filer ID (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> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business name Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business name Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business name Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business name Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (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 regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 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; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
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# 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 / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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		

# 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 my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month / Day / Year _____ / _____ / _____		Date Hand-delivered or Date Postmarked _____	
		THROUGH		Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	

## 6 EXPLANATION OF CORRECTION

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\_\_\_\_\_  
Signature of Candidate/Officeholder

Please complete either option below:

### (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections



## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

# CANDIDATE / OFFICEHOLDER DAILY PRE-ELECTION REPORT

FORM DAILY-C C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount \$
5 OFFICE SOUGHT				Date Processed	
				Date Imaged	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor 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 Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF 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> Filer ID (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 \$	<b>9</b> In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
<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 \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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 \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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 \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# **TEXAS ETHICS COMMISSION**

## **CANDIDATE / OFFICEHOLDER DAILY PRE-ELECTION REPORT**

**To Report Contributions Accepted after January 1, 2020**

**FORM DAILY-C COH – INSTRUCTION GUIDE**



**Revised January 13, 2020**

**Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711**

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

**(512) 463-5800 • TDD (800) 735-2989**

*Promoting Public Confidence in Government*

## FORM DAILY-C COH – INSTRUCTION GUIDE

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*These instructions are for candidates and officeholders using the CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT (FORM DAILY-C COH), for political contributions that are accepted on or after January 1, 2020. To report a contribution accepted before January 1, 2020, you must use the instructions applicable prior to calendar year 2020, which are available at <https://www.ethics.state.tx.us/forms/COHindex.php>.*

*FORM DAILY-C COH includes a Cover Sheet and Schedules A1, A2, B, and T. All filers must submit the cover sheet, but only the schedules on which there is information to report need to be included.*

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## GENERAL INSTRUCTIONS

### IMPORTANT UPDATES

Starting January 1, 2020, new itemization thresholds apply to all campaign finance reports. These changes mean that the dollar thresholds for itemizing contributions, expenditures, and other activities in a report are now higher. For example, the requirement to file this daily report to disclose a political contribution has increased from \$1,000 to \$1,790. The higher itemization thresholds have been updated on the paper forms and in these instructions. For a full list of the changes, please go to new Texas Ethics Commission Rules §18.31 on our website:

[https://www.ethics.state.tx.us/rules/adopted/2016-2020/adopted\\_Mar\\_2019.php](https://www.ethics.state.tx.us/rules/adopted/2016-2020/adopted_Mar_2019.php).

These changes only apply to activity that occurs on or after January 1, 2020. For activity occurring before that date, you must use the form applicable to that time period. For example, if you are filing a daily report that was due in 2019, you must use the campaign finance report form and instructions that were applicable to the period ending December 31, 2019.

These changes are made by a new rule, 18.31, adopted by the Texas Ethics Commission (Commission) on March 22, 2019. As directed by section 571.064 of the Texas Election Code, the Commission is required to annually adjust these thresholds upward to the nearest multiple of \$10 in accordance with the percentage increase for the previous year in the Consumer Price Index for Urban Consumers published by the Bureau of Labor Statistics of the United States Department of Labor. Accordingly, one or more thresholds will generally be adjusted each year, depending upon the figures in the index.

### ELECTRONIC FILING

All persons filing campaign finance reports with the Commission are required to file those reports electronically unless the person is eligible to claim an exemption. Please check the Commission's website at <http://www.ethics.state.tx.us> for more detailed information about electronic filing.

### FILLING OUT THE FORMS

All reports filed on paper must be either handwritten in ink or typewritten. If you complete the report by hand, please print everything other than your signature.

Always file the cover sheet of the campaign finance report form. You need to file only those schedules on which you have information to report.

A special pre-election report that is exempt from the electronic filing requirement is not required to be on a form prescribed by the Commission; it may be on regular stationery.

You must keep an exact copy of each report filed and all records necessary to complete the report for at least two (2) years after the deadline for filing the report. If you have questions, please call our office at (512) 463-5800.

## TEXAS ETHICS COMMISSION GUIDES

The Commission publishes a Campaign Finance Guide for each type of filer. These guides are designed to explain your responsibilities as a filer. The Commission encourages you to read the appropriate guide *before* you begin accepting political contributions or making or authorizing political expenditures.

## PHOTOCOPIES OF FORMS

You may use photocopies of Commission forms. For example, if the space provided on Schedule A1 is insufficient, you may make copies of a blank Schedule A1 form and attach more pages as needed.

## FILING DATE

A special pre-election report filed electronically must be received by the Commission no later than midnight of the first business day after the contribution is accepted or the direct campaign expenditure is made. A special pre-election report that is filed on paper must be received by the Commission no later than 5 p.m. of the first business day after the contribution is accepted or the direct campaign expenditure is made.

## **CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT**

*These instructions are for candidates using the CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT (Form DAILY-C COH). A complete report includes the Cover Sheet, and any of the following schedules on which there is information to report: A1, A2, B, and T.*

### **GENERAL INFORMATION**

Candidates for statewide office, district office filled by voters of more than one county, judicial district office filled by voters of only one county, State Board of Education, state senator, or state representative must use Form DAILY-C COH to disclose accepting political contributions from a person that in the aggregate exceed \$1,790 during the reporting period beginning the ninth day before election day and ending at 12 noon on the day before election day.

Contributions disclosed on this report must be disclosed again on the candidate's next required report.

### **DUTIES OF CANDIDATE OR OFFICEHOLDER**

As a candidate or officeholder, you alone, not the campaign treasurer, are responsible for filing this form. Failing to file a report on time or filing an incomplete report may subject you to criminal or civil penalties.

### **DUTIES OF CAMPAIGN TREASURER**

State law does not impose any reporting or record-keeping obligations on a candidate's campaign treasurer.

### **WHERE TO FILE**

A candidate for statewide office, district office filled by voters of more than one county, judicial district office filled by voters of only one county, State Board of Education, state senator, or state representative must file this form with the Commission.

*For more information, see the Campaign Finance Guide for Candidates and Officeholders Who File with the Texas Ethics Commission.*

## COMPLETING THE COVER SHEET

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

1. **FILER ID:** The Commission assigned to you a filer identification number. You should have received a letter informing you of your Filer ID. Enter this number wherever you see “Filer ID.”
2. **TOTAL PAGES FILED:** After you have completed the form, count the total number of pages of this form and any attached schedules. Enter that number where indicated on the top line of page 1 only. Each side of a two-sided form counts as one page.
3. **FILER NAME:** Enter the candidate’s full name. Your entry here should be the same as on the candidate’s campaign treasurer appointment.
4. **CAMPAIGN TREASURER NAME:** Enter the full name of the candidate’s campaign treasurer.
5. **CAMPAIGN TREASURER MAILING ADDRESS:** Enter the complete mailing address of the candidate’s campaign treasurer.

## SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

*These instructions are for candidates using the CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT (Form DAILY-C COH).*

Use this schedule to disclose information about incoming monetary political contributions accepted from a person that in the aggregate exceed \$1,790 during the reporting period.

Do not enter on this schedule information on non-monetary (in-kind) contributions, pledges, loans, or guarantees of loans. Once you actually receive pledged money, it must be reported on Schedule A1. (Report non-monetary, in-kind contributions on Schedule A2; report pledges on Schedule B; report loans and guarantees of loans on Schedule E.)

**Itemization:** You must enter contributions that exceed \$1,790 from one person during the reporting period. If you accepted two or more contributions from the same person, the total of which exceeds \$1,790, enter each contribution separately.

Contributions disclosed on this report must be disclosed again on your next required report.

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

1. **TOTAL PAGES SCHEDULE A1:** After you have completed Schedule A1, count the total number of pages. Each side of a two-sided form counts as one page.
2. **FILER NAME:** Enter your full name.
3. **FILER ID:** See instructions for Cover Sheet, page 1, section 1.
4. **DATE:** Enter the date you *accepted* the contribution.

*Accepting* a contribution is different from *receiving* a contribution. You accept a contribution when the determination is made to accept it rather than reject it. This may or may not be the same day that you receive the contribution.

Failure to make a determination about acceptance or refusal: If you fail to make a determination to accept or refuse a contribution by the end of the reporting period, the contribution is considered to have been accepted.

Returning refused contributions: If you receive a political contribution but do not accept it, you must return the contribution not later than the 30th day after the end of the reporting period in which the contribution was received. If you fail to do so, the contribution is considered to have been accepted.

5. **FULL NAME OF CONTRIBUTOR:** Enter the full name of the contributor. If the contributor is an individual, enter the full name, first, last, and suffix (Jr., III, etc.) if applicable (title is optional). If the contributor is an entity, enter the full name of the entity.

**“Out-of-State PAC” box:** For Daily Reports, you are not required to disclose this information for a contributor that is an out-of-state political committee, however, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to enter the information now. Otherwise, you may leave this section blank.

Check the box only if the contributor is an out-of-state political committee. If the contributor is an out-of-state political committee from which the committee accepted more than \$900 in the reporting period, (including pledges or loans from sources other than financial institutions that have been in business for more than a year) you may include one of the following with your report:

- a copy of the out-of-state PAC’s statement of organization filed as required by law with the Federal Election Commission (FEC) and certified by an officer of the out-of-state PAC; or
- a written statement, certified by an officer of the out-of-state PAC, listing the full name and address of each person who contributed more than \$180 to the out-of-state PAC during the 12 months immediately preceding the contribution.

If the contributor is an out-of-state political committee from which the committee accepted \$900 or less (including pledges) during the reporting period, you may include one of the following with your report:

- a copy of the out-of-state political committee’s statement of organization filed as required by law with the FEC and certified by an officer of the out-of-state committee.
- a document listing the committee’s name, address and phone number; the name of the person appointing the committee’s campaign treasurer; and the name, address and phone number of the committee’s campaign treasurer.

**“ID #” Line (Electronic Filing Only):** If you are filing your report electronically, you may enter in this field the out-of-state committee’s FEC identification number. If you do not have an FEC # for the out-of-state PAC or are not filing electronically with the Commission, you may provide other documentation as explained above.

Note: See the *Campaign Finance Guide* for detailed information on accepting and reporting contributions from out-of-state political committees.

**6. CONTRIBUTOR ADDRESS:** Enter the complete address of the contributor.

**7. AMOUNT OF CONTRIBUTION:** Enter the amount of the contribution.

8. **PRINCIPAL OCCUPATION/JOB TITLE:** For Daily Reports, you are not required to disclose the contributor's principal occupation. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.
9. **EMPLOYER:** For Daily Reports, you are not required to disclose the contributor's employer. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

## **SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

*These instructions are for candidates and officeholders using the CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT (Form DAILY-C COH).*

Use this schedule to disclose information about incoming non-monetary (in-kind) political contributions accepted from a person that in the aggregate exceed \$1,790 during the reporting period. You are not required to include contributions of an individual's personal services or travel if the individual receives no compensation from any source for the services.

Do not enter on this schedule information on monetary contributions, pledges, loans, or guarantees of loans. Once you actually receive pledged money, it must be reported on Schedule A1. (Report monetary contributions on Schedule A1; report pledges on Schedule B; report loans and guarantees of loans on Schedule E.)

**Itemization:** You must enter contributions that exceed \$1,790 from one person during the reporting period. If you accepted two or more contributions from the same person, the total of which exceeds \$1,790, enter each contribution separately.

Contributions disclosed on this report must be disclosed again on your next required report.

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

1. **TOTAL PAGES SCHEDULE A2:** After you have completed Schedule A2, count the total number of pages. Each side of a two-sided form counts as one page.
2. **FILER NAME:** Enter your full name.
3. **FILER ID:** See instructions for Cover Sheet, page 1, section 1.
4. **TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS:** Do not complete this section. All contributions that meet the thresholds for daily reporting must be itemized.
5. **DATE:** See instructions for Schedule A1, section 4
6. **FULL NAME OF CONTRIBUTOR:** See instructions for Schedule A1, section 5.
7. **CONTRIBUTOR ADDRESS:** Enter the complete address of the contributor.
8. **AMOUNT OF CONTRIBUTION:** Enter the fair market value of an in-kind contribution.
9. **IN-KIND CONTRIBUTION DESCRIPTION:** Enter a description of the contribution. The description should be sufficiently detailed to allow a person reviewing the committee's report to understand what was contributed.



**“Travel Outside of Texas” box:** Please check the box to indicate that the in-kind contribution was for out-of-state travel. The description of an in-kind contribution for travel outside of the state of Texas must include detailed information. Please report this information on Schedule T.

**10. PRINCIPAL OCCUPATION/JOB TITLE:** For Daily Reports, you are not required to disclose the contributor’s principal occupation. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

**11. EMPLOYER:** For Daily Reports, you are not required to disclose the contributor’s employer. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

*Sections 12-16 pertain to judicial candidates and officeholders only. Do not complete these sections if you are a non-judicial candidate or officeholder.*

**12. CONTRIBUTOR’S PRINCIPAL OCCUPATION:** For Daily Reports, you are not required to disclose the contributor’s principal occupation. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

**13. CONTRIBUTOR’S JOB TITLE:** For Daily Reports, you are not required to disclose the contributor’s job title. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

**14. CONTRIBUTOR’S EMPLOYER/LAW FIRM:** For Daily Reports, you are not required to disclose the name of the contributor’s employer or, if the contributor is a “member” of a law firm, the name of the law firm. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

“Members” of a law firm include any partner, associate, shareholder, or employee of a law firm, and any person designated “of counsel” to the firm or “of the firm.”

**15. LAW FIRM OF CONTRIBUTOR’S SPOUSE (IF ANY):** For Daily Reports, you are not required to disclose the law firm of a contributor’s spouse. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

**16. IF CONTRIBUTOR IS A CHILD, LAW FIRM OF PARENT(S) (IF ANY):** For Daily Reports, you are not required to disclose the law firm of a child contributor’s parent(s). However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

## SCHEDULE B: PLEDGED CONTRIBUTIONS

*These instructions are for candidates and officeholders using the CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT (Form DAILY-C COH).*

Use this schedule to disclose information about pledged political contributions accepted from a person that in the aggregate exceed \$1,790 during the reporting period. You are not required to include pledges of an individual's personal services or travel if the individual receives no compensation from any source for the services.

Do not enter on this schedule information on contributions actually received, loans, or guarantees of loans. (Report contributions actually received on Schedule A1 or Schedule A2, as applicable; report loans and guarantees of loans on Schedule E.)

**Itemization:** You must enter pledges that exceed \$1,790 from one person during the reporting period. If you accepted two or more pledges from the same person, the total of which exceeds \$1,790, enter each pledge separately.

Contributions disclosed on this report must be disclosed again on your next required report.

Effective January 1, 2015, you must also disclose the receipt of the pledged contribution on Schedule A1 (used for monetary contributions) or A2 (used for non-monetary (in-kind) contributions), as applicable, in the reporting period in which you actually receive the pledged money or thing of value. If the pledge is accepted and received in the same reporting period, it is no longer a pledge disclosed here; it becomes a contribution disclosed on the applicable contributions schedule.

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

1. **TOTAL PAGES SCHEDULE B:** After you have completed Schedule B, count the total number of pages. Each side of a two-sided form counts as one page.
2. **FILER NAME:** Enter your full name.
3. **FILER ID:** See instructions for Cover Sheet, page 1, section 1.
4. **TOTAL OF UNITEMIZED PLEDGES:** Do not complete this section. All pledges that meet the thresholds for daily reporting must be itemized.
5. **DATE:** Enter the date you accepted the pledge, regardless of when the pledge is actually received. You accept a pledge when you decide to accept it rather than reject it. Note that your committee must accept a pledge before you are required to report it.

Pledge accepted and received in different reporting periods: If you *accept* a pledge in one reporting period and then *receive* the pledged money or other thing of value in a later reporting period, you will disclose the pledge on this schedule

in the reporting period in which you accepted the pledge. You will also disclose the receipt of the pledged money or other thing of value on the appropriate incoming funds schedule (such as monetary or non-monetary contributions, or loans) in the reporting period in which you received the pledge.

Pledge received in same reporting period as accepted: If you receive a pledge in the same reporting period in which it was accepted, then you will not report the pledge on this schedule. You will only disclose the contribution on the appropriate incoming funds schedule (such as monetary or non-monetary contributions, or loans). The date of the contribution will be the date you accepted the pledged contribution, regardless of when the pledged contribution was actually received.

Pledge accepted but never received: You will disclose the pledge on this schedule in the reporting period in which you accepted the pledge. If you never actually receive the pledge, it is not necessary to correct your report to delete the pledge.

Example: In June a supporter promises that he will give Juan Garcia \$1,000 in the last week before the November election. Juan accepts his promise. Juan must disclose the pledge on his July 15 report covering the period in which he accepted the pledge. (Note: When he receives the \$1,000, he will disclose it as a monetary contribution on Schedule A1 of the report covering the period in which he received the money. Also, if he never receives the \$1,000, he does not correct/amend his report to delete the entry for the pledge.)

6. **FULL NAME OF PLEDGOR:** Enter the full name of the person who made the pledge.

**“Out-of-State PAC” box:** See instructions for Schedule A1, section 5.

7. **PLEDGOR ADDRESS:** Enter the complete address of the person who made the pledge.

8. **AMOUNT OF PLEDGE:** Enter the amount of the pledge or the fair market value of any pledged goods or services or other thing of value, as applicable.

9. **IN-KIND CONTRIBUTION DESCRIPTION:** Enter a description of the in-kind pledge of goods, services or other thing of value. The description should be sufficiently detailed to allow a person reviewing the committee’s report to understand what was pledged.

**“Travel Outside of Texas” box:** Please check the box to indicate that the in-kind contribution was for out-of-state travel. The description of an in-kind contribution for travel outside of the state of Texas must include detailed information. Please report this information on Schedule T.

10. **PRINCIPAL OCCUPATION/JOB TITLE:** For Daily Reports, you are not required to disclose the pledgor’s principal occupation. However, you will be required to do so when that

same pledge is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

- 11. EMPLOYER:** For Daily Reports, you are not required to disclose the pledgor's employer. However, you will be required to do so when that same pledge is disclosed again on the next required report. For this reason, you may choose to disclose this information now.

## **SCHEDULE T: IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS**

*This schedule is for candidates and officeholders using the CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT (Form DAILY-C COH).*

Use this schedule to disclose information about contributions accepted for travel outside of the state of Texas during the reporting period. In addition to completing this schedule, you must also report the actual contribution or expenditure on the appropriate schedule or form. The law requires detailed information regarding in-kind contributions or political expenditures for travel outside of the state of Texas.

For Daily Reports, you are not required to disclose Schedule T information. However, you will be required to do so when that same contribution is disclosed again on the next required report. For this reason, you may choose to disclose Schedule T information now.

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

- 1. TOTAL PAGES SCHEDULE T:** After you have completed Schedule T, count the total number of pages. Each side of a two-sided form counts as one page.
- 2. FILER NAME:** Enter the full name of the candidate, committee, or party on whose report you are including this schedule.
- 3. FILER ID:** See instructions for Cover Sheet, page 1, section 1.
- 4. NAME OF CONTRIBUTOR / CORPORATION OR LABOR ORGANIZATION / PLEDGOR / PAYEE:** Enter the full name of the contributor / corporation or labor organization / pledgor / payee as it appears on the schedule or form on which you reported the actual contribution or expenditure.
- 5. CONTRIBUTION / EXPENDITURE REPORTED ON:** Check the appropriate box for the schedule or form on which you reported the actual contribution or expenditure.
- 6. DATES OF TRAVEL:** Enter the dates on which the travel occurred.
- 7. NAME OF PERSON(S) TRAVELING:** Enter the full name of the person or persons traveling on whose behalf the travel was accepted or on whose behalf the expenditure was made.
- 8. DEPARTURE CITY OR NAME OF DEPARTURE LOCATION:** Enter the name of the departure city or the name of each departure location.
- 9. DESTINATION CITY OR NAME OF DESTINATION LOCATION:** Enter the name of the destination city or the name of each destination location.

10. **MEANS OF TRANSPORTATION:** Enter the method of travel (i.e. airplane, bus, boat, car, etc.)
11. **PURPOSE OF TRAVEL:** Enter the campaign or officeholder purpose of the travel, including the name of a conference, seminar, or other event.

**CORRECTION AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER  
DAILY PRE-ELECTION REPORT**

**FORM COR-DAILY-C C/OH**

<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed:		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
<b>4</b> DATE ORIGINAL REPORT FILED	Month	Day	Year	Date Hand-delivered or Date Postmarked	
				Receipt # Amount \$	
<b>5</b> EXPLANATION OF CORRECTION				Date Processed	
				Date Imaged	

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by \_\_\_\_\_, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

## **CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER SPECIAL PRE-ELECTION REPORT**

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected special pre-election report filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties. A filer wishing to ask the Ethics Commission to consider waiving or reducing a late-filing penalty may do so by providing a basis of the request in the correction affidavit.

Attach additional pages as necessary.

### **INSTRUCTIONS FOR COMPLETING THIS FORM**

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Filer ID.** You should have received from the Ethics Commission a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box.
  
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
  
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
  
- 4. Date Original Report Filed.** Enter the date the report you are correcting was filed. The year is important because filers sometimes correct reports years after filing the original.
  
- 5. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
  
- 6. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.





## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2020, a candidate or officeholder who has accepted more than \$27,140 in political contributions or made more than \$27,140 in political expenditures in any calendar year must file all subsequent reports electronically.*

Filer name	Filer ID #
------------	------------

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

1. I swear or affirm that I have not accepted more than \$27,140 in political contributions or made more than \$27,140 in political expenditures in a calendar year.
2. 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.
3. 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 \$27,140 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 \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

\_\_\_\_\_  
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

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

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
3 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
		Date Hand-delivered or Date Postmarked	
4 REPORT TYPE  <input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition		Receipt #	Amount \$
		Date Processed	
5 PERIOD COVERED  Month / Day / Year THROUGH Month / Day / Year		Date Imaged	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$	

7 SIGNATURE 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.

\_\_\_\_\_  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES****FORM C/OH-UC  
PG 2****8 C/OH NAME****9 Filer ID (Ethics Commission Filers)****10 Date****11 Payee name****13 Amount  
(\$)****12 Payee address; City; State; Zip Code****14 Purpose of expenditure (See instructions regarding type of information required.)****15**Is expenditure a contribution  
to a candidate, officeholder, or  
political committee?☐ Yes  
☐ No☐ Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution  
to a candidate, officeholder, or  
political committee?☐ Yes  
☐ No☐ Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution  
to a candidate, officeholder, or  
political committee?☐ Yes  
☐ No☐ Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution  
to a candidate, officeholder, or  
political committee?☐ Yes  
☐ No☐ Check if travel outside of Texas. Complete Schedule T.**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**TEXAS ETHICS COMMISSION**

**CANDIDATE/OFFICEHOLDER REPORT  
OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC – INSTRUCTION GUIDE**

**(PAPER FILERS ONLY)**



**Revised August 14, 2020**

**Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711**

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

**(512) 463-5800 • TDD (800) 735-2989**

*Promoting Public Confidence in Government*

## **FORM C/OH-UC: CANDIDATE/OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS**

*These instructions are for candidates and officeholders using FORM C/OH-UC: CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS. Use Form C/OH-UC for filing either an annual report of unexpended contributions or a report of the final disposition of unexpended contributions.*

### **GENERAL INSTRUCTIONS**

**ANNUAL REPORT OF UNEXPENDED CONTRIBUTIONS.** You must file this report if one of the following descriptions applies to you:

- (1) You filed a final report as a candidate at a time when you were not an officeholder and you had unexpended political contributions, interest, assets, or other money earned from political contributions at the time you filed the final report; or
- (2) You ceased to be an officeholder at a time when you did not have a campaign treasurer on file, and you had unexpended political contributions, interest, assets, or other money earned from political contributions at the time you ceased to be an officeholder.

You must file an Unexpended Contributions - Annual report not earlier than January 1 and not later than January 15 of the year after each year in which you maintained unexpended contributions or assets. You must complete Form C/OH-UC and designate the report as an annual report by checking the "Annual" box.

You must continue to file Unexpended Contributions - Annual reports until you have disposed of all your unexpended contributions or assets. Once you have disposed of all your contributions or assets, you must file an Unexpended Contributions - Final report.

You may not retain unexpended contributions or assets longer than six years after the date you filed your final report or ceased being an officeholder, as applicable. If you still maintain unexpended assets at the end of the six-year period, you must dispose of the assets in one of the following ways:

- (1) You may give them to the political party with which you were affiliated when your name was last on the ballot.
- (2) You may give them to a candidate or a political committee. If you do so, however, you must file a report on Form AS IF-SPAC as described below under "Extra Reporting for a Contribution to a Candidate or Political Committee."
- (3) You may give them to the comptroller for deposit in the state treasury to be used to finance primary elections.
- (4) You may give them to one or more persons from whom you received political contributions, but the total returned to any person may not exceed the aggregate

amount accepted from that person during the last two years during which you were accepting political contributions.

- (5) You may give them to a recognized charitable organization formed for educational, religious, or scientific purposes that is exempt from taxation under Section 501(c)(3), Internal Revenue Code of 1986, and its subsequent amendments.
- (6) You may give them to a public or private post-secondary educational institution or an institution of higher education as defined by Section 61.003(8), Education Code, for the purpose of assisting or creating a scholarship program.

You may dispose of unexpended contributions or assets in this manner at any time during the six-year period.

**EXTRA REPORTING FOR CONTRIBUTION TO CANDIDATE OR POLITICAL COMMITTEE.** If you contribute unexpended contributions or assets to another candidate or political committee, you must report the contribution twice. You must include the contribution on your Annual Report and you must also report the contribution on a AS IF-SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT (Form AS IF-SPAC). You must file the AS IF-SPAC report with the filing authority with whom the candidate or political committee files reports by the date by which the candidate or political committee receiving the contribution must report the receipt of the contribution.

**NOTE:** If the candidate or political committee files with the Texas Ethics Commission (Commission), you will need a separate “AS IF-SPAC” filer ID to file the AS IF-SPAC report. Please contact the Commission for help in establishing an AS IF-SPAC filer ID.

**FINAL DISPOSITION OF UNEXPENDED CONTRIBUTIONS REPORT.** You must file a report of the final disposition of your unexpended contributions or assets. Complete Form C/OH-UC and designate the report as an “Unexpended Contributions – Final” report by checking the “Final Disposition” box. The report is due no later than the 30th day after the end of the six-year period.

## SPECIFIC INSTRUCTIONS

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

### PAGE 1

- 1. FILER ID:** If you are filing with the Commission, you were assigned a filer identification (ID) number when you filed your initial campaign treasurer appointment. You should have received a letter acknowledging receipt of the form and informing you of your filer ID number. Enter this number wherever you see “Filer ID.” If you do not file with the Commission, you are not required to enter a filer ID number.
- 2. CANDIDATE/OFFICEHOLDER NAME:** Enter your full name, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable. Your entry here should be the same as in your APPOINTMENT OF CAMPAIGN TREASURER BY A CANDIDATE (CTA). Enter your name in the same way wherever you see “C/OH NAME”.

- 3. CANDIDATE/OFFICEHOLDER ADDRESS:** Enter your complete mailing address. Your entry here should be the same as the address in your APPOINTMENT OF CAMPAIGN TREASURER BY A CANDIDATE (CTA). If your mailing address has changed since you last gave notice of your address, check the “Change of Address” box.

- 4. REPORT TYPE:** Check the appropriate box.

**“Annual” Box:** Check this box if you are filing an Unexpended Contributions - Annual report.

**“Final Disposition” Box:** Check this box if you are filing an Unexpended Contributions - Final report.

- 5. PERIOD COVERED:**

Annual Reports. For your first Unexpended Contributions - Annual report, the start date is the day after the day you filed your Final Report. The start date for all other Unexpended Contributions - Annual reports is January 1 of the previous year. The end date for all Unexpended Contributions - Annual reports is December 31 of the previous year.

Final Disposition Report. For an Unexpended Contributions – Final report, the start date is the day after the period covered by your most recent Unexpended Contributions - Annual report. The end date is the date you file the report.

- 6. TOTALS:** Complete this section only if you are filing an Annual Report. If you are not filing an Annual Report, go to section 7.

**Line 1.** Enter the total amount of unexpended political contributions and assets that you maintained as of December 31 of the previous year. (Note: Unlike other reports, you are not required to also disclose the total amount of expenditures entered in this Unexpended Contributions report. You are only required to disclose your unexpended balance as of December 31.)

**Line 2.** Enter the total amount of interest and other income earned on unexpended political contributions and assets during the previous year ending December 31.

- 7. SIGNATURE:** Complete this section only after you have completed all other appropriate sections and schedules. You must always sign a report that you file. You must complete this section even if you have no schedules to attach. ONLY THE CANDIDATE OR OFFICEHOLDER FILING THE REPORT MAY SIGN THE REPORT.

If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says “Signature of Candidate/Officeholder” (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say “Signature of Candidate/Officeholder (Declarant)” (an electronic signature is not acceptable), and fill out the unsworn declaration section.

**PAGE 2**

8. **C/OH (CANDIDATE/OFFICEHOLDER) NAME:** Enter your full name as you did on Form C/OH-UC, Page 1.
9. **FILER ID:** If you are filing with the Commission, enter your filer ID number. If you do not file with the Commission, you are not required to enter a filer ID number.
10. **DATE:** Enter the date the expenditure was made.
- Credit Card Expenditures:** There is a special reporting rule for expenditures made by credit card. The date of a credit card expenditure is either the date of the charge or the date the credit card statement is received. *A filer can never go wrong by disclosing the date of the expenditure as the date of the charge.*
11. **PAYEE NAME:** Enter the full name of the payee. If the payee is an individual, enter the full name, first, last, and suffix (Jr., III, etc.) if applicable (title is optional). If the payee is an entity, enter the full name of the entity.
12. **PAYEE ADDRESS:** Enter the complete address of the payee.
13. **AMOUNT:** Enter the amount of the expenditure payment.
14. **PURPOSE OF EXPENDITURE:** Enter a brief statement or description of the expenditure. The brief statement or description must include the item or service purchased and must be sufficiently specific to make the reason for the expenditure clear.

**Reporting Travel Outside of Texas:** The law requires detailed information regarding in-kind contributions and political expenditures for travel outside of Texas. This information should be reported on Schedule T and attached to this form. Schedule T can be found on the Commission's website at [https://www.ethics.state.tx.us/forms/Schedule\\_T.pdf](https://www.ethics.state.tx.us/forms/Schedule_T.pdf).

15. **IS THE EXPENDITURE A CONTRIBUTION TO A CANDIDATE, OFFICEHOLDER, OR POLITICAL COMMITTEE?** If the expenditure was a contribution to a candidate, officeholder, or political committee, check the “Yes” box. The purpose of this box is to allow you to see that you must file an additional report for this expenditure on Form AS IF-SPAC. See the “**Extra Reporting For Contribution To Candidate Or Political Committee**” section in the General Instructions for this form.

If the expenditure was not a contribution to a candidate, officeholder, or political committee, check the “No” box.



# Affidavit to Cease Dual Reporting Obligations Pursuant to Ethics Advisory Opinion No. 465 (2005)

(To be used ONLY by a non-judicial officeholder or former non-judicial candidate who is CURRENTLY a judicial candidate.)

Name of Filer (First, MI, Last)	Account # (TEC filers)
---------------------------------	------------------------

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Date Processed
Date Imaged

This is notice that I will not be required to file a campaign finance report in connection with non-judicial activity because:

- ☐ (1) I do not maintain unexpended political contributions raised as a non-judicial candidate or officeholder.
- ☐ (2) I do not maintain unexpended interest or income earned from political contributions raised as a non-judicial candidate or officeholder.
- ☐ (3) I do not retain assets purchased with political contributions raised as a non-judicial candidate or officeholder.
- ☐ (4) I do not retain assets purchased with interest or other income from political contributions raised as a non-judicial candidate or officeholder.

## AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this statement is true and correct.

\_\_\_\_\_  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by \_\_\_\_\_ 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