) (TE / OFFICEHOLDER ON FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instructio	n Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MI MS/MRS/MR FIRST MI S. NICKNAME LAST SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE # CITY; STATE, ZIP CODE	Date Hand-delivered-or Date Postmarked
Change of Address	Marble Falls, Tx 78654	· · · · · · · · · · · · · · · · · · ·
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount
OFFICEHOLDER PHONE	(830) 613-0156	Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS. NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 354 C2 1444 MAY DE FALLS AREA CODE PHONE NUMBER EXTENSION ()	ZIP CODE TV 1865+
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 7/13	Year 20 (O
11 ELECTION	ELECTION DATE Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	Trea suver
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION Name	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
BY OTHER INDIVIDUALS		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IOIAL	.S	COVER SHEET PG 2
15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE WITHOUT THE CANI EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$ 10.92
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	HE \$
19 AFFIDAVIT			
			perjury, that the accompanying report information required to be reported by
		Jami Or	mos
		Signature of Candi	date or Officeholder
AFFIX NOTARY STAMP		4/ . 1	
Sworn to and subsection of the	cribed before m		hand and seal of office.
	175	I/ a - A -	, hand and sear of office.
Signature of officer admini	istering oath	Printed name of officer administering cath	Title of officer administering oath
•			

lexas Ethics	Commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-	5800 1-800-325-
	FICAL CONTRIBUTIONS ER THAN PLEDGES OR LOA	NS		SCHEDULE A
Т	The instruction Guide explains how to complete th	nls form.	1 Total pages Sch	edule A:
2 FILER NAM	ME		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applical
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See	·	of Texas, complete Schedule
		To Employer (coo	matractiona,	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicat
	Contributor address; City; State; Zip Code	,		7 Torra Caracter Cabadala 2
Principal occ	cupation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule 1
Date	Full name of contributor out-of-state PAC (ID#:			
Date	Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicab
			(If travel outside of	Texas, complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See II		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occi	upation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T
		Employer (See II		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
Principal occu	upation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
lf :	ATTACH ADDITIONAL COPIES O			quirements.

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
The	e instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule B:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 тот	AL OF UNITEMIZED PLEDGES: ⇒	⇔ ⇔ ⇔	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zlp Code			
				of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (If applicable)
	Pledgor address; Clty; State; Zip Code		!	
Data-ta-da-				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			Taura consista Cabada a
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of pledgor Out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			.
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES Of ontributor is out-of-state PAC, please see Instru			equirements.

Texas Ethics Con	mission P.O. Box 12070 Aus	tin, Texas	78711-2070	(512) 463	3-5800	1-800-325-850
LOANS					SC	HEDULE E
The	Instruction Guide explains how to con	nplete this fo	orm.	1 Total p	ages Sched	ule E:
2 FILER NAME				3 ACCO	UNT # (Ethic	cs Commission Filers)
4 тот/	L OF UNITEMIZED LOANS:	D D	D D D	⇒	\$	=
5 Date of loan	7 Name of lender	Out-of-state	PAC (ID#:		9 Loan	Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code			10 Inter	est rate
Y N					11 Matu	rity date
12 Principal occupat	on / Job title (See Instructions)	13 Emplo	oyer (See Instruction	ns)		
14 Description of Col	ateral					
15 GUARANTOR INFORMATION	16 Name of guarantor				18 Amou	nt Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip	Code			
19 Principal Occupat	on (See Instructions)	20 Emplo	yer (See Instruction	s)		
Date of loan	Name of lender	Out-of-state i	PAC (ID#:		Loan A	Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		· (#)/• • • •	Interes	st rate
Y N					Maturi	ty date
Principal occupation	n / Job title (See Instructions)	Employ	er (See Instructions))		
Description of Colla	teral					
GUARANTOR INFORMATION	Name of guarantor				Amoun	t Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip				
Principal Occupation	n (See Instructions)	Employe	r (See Instructions)			
If lend	ATTACH ADDITIONAL COPII er is out-of-state PAC, please see instr				ulrements.	

POLITICAL EXPENDITURES

SCHEDULE F

. 02.110/12			SOME BOLL 1
		EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solic Food/Beverage Expense Travi Polling Expense Travi	citation/Fundraising Expense el In District el Out Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The instruction Guide expla	ains how to complete this for	m.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	žip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this se	chedule) Description (II	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City: State; Zi	ip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule) Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sol	hedule) Description (If t	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist	Contract Labor aising Expense strict	Loan Repay Transportati Contribution	yment/Reimbursement tion Equipment & Related Expense ns/Donations Made By tte/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	•		iter a category not listed above)
-	The Instruction Guide	explains how to	complete this for	T -	
1 Total pages Schedule G:	2 FILER NAME			3 AC	COUNT # (Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (If travel outside	le of Texas, complete Schedule T)
Date	Payee name				
Amount (\$)	Payee address; City; Stat	ate; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (i	If travel outside	e of Texas, complete Schedule T)
Date	Payee name				
Amount (\$)	Payee address; City; State	te; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (If	f travel outside	of Texas, complete Schedule T)
Date	Payee name				
Amount (\$)	Payee address; City; State	e; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categones listed at the top of	this schedule)	Description (If	travel outside (of Texas, complete Schedule T)
	ATTACH ADDITIONAL COP	PIES OF THIS SC	HEDULE AS NE	EDED	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

			· · · · · · · · · · · · · · · · · · ·		
	EXPENDITURE	E CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Cor Solicitation/Fundrals Travel In District	ntract Labor sing Expense	Loan Repayment/I Transportation Equ Contributions/Dona	ipment & Related Expense
Event Expense	Polling Expense	Travel Out Of Distri			ceholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	intal Expense	OTHER (enter a c	ategory not listed above)
	The Instruction Guide	e expiains how to c	omplete this for	m.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT	T# (Ethics Commission Filers)
4 Date	5 Business name			I	
6 Amount (\$)	7 Business address; City; St	tate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (i	If travel outside of Texa	is, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
Date	Business name				
Amount (\$)	Business address; Clty; Sta	ate; Zip Code		,	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this achedule)	Description (If	travel outside of Texas	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name >H		Office sought		Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas	, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Business name				
Amount (\$)	Business address; City; Stat	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If to	ravel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCI	HEDULE AS NE	EDED	

NON-POLITICAL EXPENDITURES **MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

	EXPENDITUR	E CATEGORIES FOR I	BOX R(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E	Labor Loan I rpense Transp Contril Car Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense putions/Donations Made By ndidate/Officeholder/Political Committee R (enter a category not listed above)
	The Instruction Guid	le explains how to comple	ete this form.	
1 Total pages Schedule I:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule) (b) D	escription (See ins	tructions regarding type of information required.}
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule) De	escription (See inst	ructions regarding type of information required.)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) De	scription (See inst	ructions regarding type of information required.)
Date	Payee name			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Des	scription (See instr	uctions regarding type of information required.)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDU	LE AS NEEDED	

	s instruction Guide explains now to complete this form.	Total pages Schedule K:
FILER NAME	3	ACCOUNT # (Ethics Commission Filers)
Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

IN-KIND CO			POLITICAL TEXAS	. EXPEND	ITURE	SCHEDULE T
The instr	ruction Guid	te explains how t	to complete this for	m.	1 Total pages Schedu	le T:
2 FILER NAME	*****				3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Corporation	n or Labor Organiza	ation / Pledgor / Payes	3		
5 Contribution / Expen	diture reporte	ad on:				
Sc	chedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sc	chedule H	Schedule N	Сон-пс	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name o	of person(s) traveling	ng			
	8 Departu	ure city or name of o	departure location			
	9 Destina	ition city or name o	of destination location			
10 Means of transportat	tion	11 Purpose of tri	avel (including name o	of conference, ser	minar, or other event)	
Name of Contributor /	Corporation c	or Labor Organizati	on / Pledgor / Payee			
Contribution / Expendit	ture reported	on:				
Sci	hedule A	Schedule B	Schedule C	Schedule [D Schedule F	Schedule G
☐ Sc	hedule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure	city or name of dep	parture location			
	Destination	n city or name of de	estination location			
Means of transportation	1	Purpose of trave	el (including name of co	onference, semin	nar, or other event)	
Name of Contributor / (Corporation o	or Labor Organizatio	on / Pledgor / Payee			
a -4-th-stine / Eunandit				=··-		
Contribution / Expendit	ture reported o	on: Schedule B	Carredials C		- Control of E	— - · · · · · ·
	nedule H	Schedule N	Schedule C COH-UC	Schedule D	Schedule F	Schedule G PAC-E
Dates of travel	Name of pe	erson(s) traveling				
	Departure c	city or name of depa	arture location		-	
	Destination	city or name of des	stination location			
Means of transportation		Purpose of travel	l (including name of co	onference, semina	ar, or other event)	
	AT	TACH ADDITION	IAL COPIES OF THIS	S SCHEDULE A	S NEEDED	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	The Instruction Guide explains how to complete Complete only if "Report Type" on page 1 is marked	this form. d "Final Report" ••
С/ОН	NAME	2 ACCOUNT # (Ethics Commission Filers
SIGN	ATURE	F F 30 V
report a	expect any further political contributions or political expenditures in connection with its a final report terminates my campaign treasurer appointment. I also understand the any campaign expenditures without a campaign treasurer appointment on file.	my candidacy. I understand that designating a at I may not accept any campaign contributions
	Sig	gnature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or income earned f	rom political contributions.
	I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned. I also understand that I must file an annual report of unexpended contributions contributions or unexpended interest or income earned on political contributions report. Further, I understand that I must dispose of unexpended political contributions are political contributions in accordance with the requirements of Election Contributions.	arned on political contributions to personal ons and that I may not retain unexpended longer than six years after filing this final tions and unexpended interest or income
В.	ASSETS	
Chec	conly one:	
	I do not retain assets purchased with political contributions or interest or other income	me from political contributions.
	I do retain assets purchased with political contributions or interest or other income from I may not convert assets purchased with political contributions or interest or other incomes. I also understand that I must dispose of assets purchased with political contribution Code, § 254.204.	me from political contributions to personal
		Signature of Candidate
	EHOLDER lete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder who of a malso aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an