

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

<b>The SPAC Instruction Guide explains how to complete this form.</b>	<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
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<b>3 COMMITTEE NAME</b>	<b>OFFICE USE ONLY</b>
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<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	Date Received
		Date Hand-delivered or Date Postmarked

<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST    MI  ..... NICKNAME                                      LAST    SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount							
Date Processed								
Date Imaged								

<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE
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<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX;                                      APT / SUITE #;                                      CITY;                                      STATE;                                      ZIP CODE
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<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                                      EXTENSION  (       )
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<b>9 REPORT TYPE</b>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)								
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination								

<b>10 PERIOD COVERED</b>	<table style="width:100%; text-align: center;"> <tr> <td>Month</td><td>Day</td><td>Year</td><td></td><td>THROUGH</td><td></td><td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td>/</td><td>/</td><td></td><td></td><td></td><td></td><td>/</td><td>/</td><td></td> </tr> </table>	Month	Day	Year		THROUGH		Month	Day	Year	/	/					/	/	
Month	Day	Year		THROUGH		Month	Day	Year											
/	/					/	/												

<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year  /    /	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	ACCOUNT # (Ethics Commission filers)
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<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <span style="float:right">ELECTION DATE</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="text-align: center; margin-top: 5px;">                 /                      /             </div>
		DESCRIPTION

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**15 AFFIDAVIT**

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 campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

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

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

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

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

# PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE D

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

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

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		<b>\$</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y            N	<b>8</b> Lender address;    City;        State;        Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;    City;        State;        Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
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		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;        State;        Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name  ..... <b>6</b> Payee address;                      City;    State;    Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		<b>9</b> •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name                      Office sought                      Office held

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

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

## SCHEDULE H

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule H:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name  ..... <b>6</b> Business address; City; State; Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>9</b> •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name      Office sought      Office held

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

<b>The Instruction Guide explains how to complete this form.</b>	<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;                      City; State; Zip Code ..... <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
---------------	---	----------------------

Date	Payee name ..... Payee address;                      City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	--	-------------

Date	Payee name ..... Payee address;                      City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	--	-------------

Date	Payee name ..... Payee address;                      City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	--	-------------

Date	Payee name ..... Payee address;                      City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	--	-------------

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

# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

# SCHEDULE J

<b>The Instruction Guide explains how to complete this form.</b>	<b>1</b> Total pages Schedule J:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date Returned	<b>5</b> Original payee name	<b>7</b> Amount Returned (\$)
	..... <b>6</b> Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

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# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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

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

## SCHEDULE T

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

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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 A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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 FORM AS NEEDED**

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

**FORM PAC - DR**

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

1 COMMITTEE NAME

2 ACCOUNT #  
(Ethics Commission filers)

3

## Affidavit of Dissolution

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

\_\_\_\_\_  
Signature of campaign treasurer

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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