CAND DATE / OFF CEHOLDER CAMPAIGN F NANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

RECEIVED

3 CANDIDATE / FIRST MI

OFFICE USE ONLY

CAND DATE / OFF CEHOLDER CAMPAIGN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3	[redacted]	
	4.	**TOTAL POLITICAL EXPENDITURES**	$
[redacted]			9
LOAN TOTALS			0.

18 SIGNATURE

[redacted] 81.

	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7

Please complete either option below:

(1) Affidavit

	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

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.

NOTARY STAMP / SEAL

Sworn to and subscribed before me by this the _____ day of

20

or Officeholder

(2) Unsworn Declaration

C rd

ue

Texas

12-08-1998

to certify which, witness my hand and seal of office

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER rianna C [illegible]wer

20 Filer ID (Ethics Commission Filers)

	21 SCHEDULE SUBTOTALS NAME SCHEDULE	SUBTOTAL AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2	[redacted]	$ 0
3	[redacted]	$ 0
	[redacted]	$ 0
5.	[redacted]	$
6	[redacted]	$ 0
	[redacted]	$
8	[redacted]	$ 0
9	[redacted]	$ 0
	[redacted]	$ 0
	[redacted]	$ 0
	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
	[redacted]	
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2

[redacted]

3 Filer ID (Ethics Commission Filers)

Alma C Wong

4 Date

5 Full f co e PAC (ID#:)

E

7 Amount of contribution ($)

6 Contributor address; State; Zip Code

, TX 76123

2.00

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#

Amount of contribution ($)

na Cano

C City; State; Zip Code

Fort Worth, TX 76123

300.00

[redacted]

Fort Worth, TX 76133

100.00

4/19/21

Zip C

76 4

100.00

Date

Full

Amount of contribution ($)

Contributor address;

[redacted]

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2

[redacted] (Ethics Commission Filers)

Anna

-state PAC

2 FILER NAME Z

4 Date 5 F bu South 092 7 Amount of contribution ($) 50.00

6 Contributor address; State; Code

Full name of contributor ☐ out-of-state PAC (ID#:_____)

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date Amount of contribution ($)

Contributor address; City; State; Zip Code

☐ out-of-state PAC (ID#:)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Contributor address;

[redacted]

Date ☐ out-of-state PAC Amount of contribution ($)

[redacted]

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Full name of contributor

[redacted]

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

[redacted]

1 Total pages Schedule A1

[redacted]

☐ out-of-state PAC (ID#:)

[redacted]

☐ out-of-state PAC

[redacted]

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-o PAC (ID#:_____)

7 Amount of contribution ($)

6 Contributor address; City; State; Zip

8 Principal occupation / Job title (See Instructions)

9 (See Instructions)

Date

Full name of contributor

☐ [redacted] PAC (ID#:_____

Amount of contribution ($)

Contributor address;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

[redacted]

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the uested information is not a **DO NOT include this age in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Event Expense
Fees
e Expense
Lo pa imbursement
Of ve ntal Expense
Po
Pri
Sa ontract 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

2

4

6

7 Payee

Credit Card Payment

1 Total es Schedule F1

3 Filer ID (Ethics Commission Filers)

8

PURPOSE OF EXPENDITURE

5 Payee

City; State; Zip Code

(c)

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

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

listed schedule)

Description

PURPOSE OF EXPENDITURE

Amount ($)

Payee address;

City; State Zip Code

Check if travel outside of Texas. Complete Schedule T.

at the top of this

4 21 21

DNOR BOX

S;

donorbox.org

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office sought

Check if Austin, TX, officeholder living expense

Office held

Date

Payee name

City: State: Zip Code

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the uested information is not a licable, **DO NOT include this e in the re ort.**

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
e
Expense
Po
Pri
Sa
imbursement
ntal Expense
ontract 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.

7 Payee address;

2.50

www. donorbox.

PURPOSE OF EXPENDITURE

Fees

(c)

5 Payee

($)

City;

State

Zip Code

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

(b) Description

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

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

City;

PURPOSE OF EXPENDITURE

Amount ($)

Payee address;

City;

State;

Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Description