CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

1 ACCOUNT# 2 Total (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form MS/MRS/MR 3 CANDIDATE / M OFFICE USE ONLY OFFICEHOLDER NAME Date Received RECEIVE NICKNAME SUFFIX APR 20, 24 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE OFFICEHOLDER 5312 MAILING **ADDRESS** Work 76107 change of address Amount **EXTENSION** 5 CANDIDATE/ Date Processed OFFICEHOLDER 607-5446 PHONE 4-20-15 Date Imaged MS/MRS/MR 6 CAMPAIGN TREASURER 4-20-15 NAME NICKNAME SUFFIX Charmin TREASURER 5312 BENBRIDGE ADDRESS (residence or business) FORT WORK TX 76107

8 CAMPAIGN **TREASURER** PHONE

AREA CODE

PHONE NUMBER 437-1188

EXTENSION

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

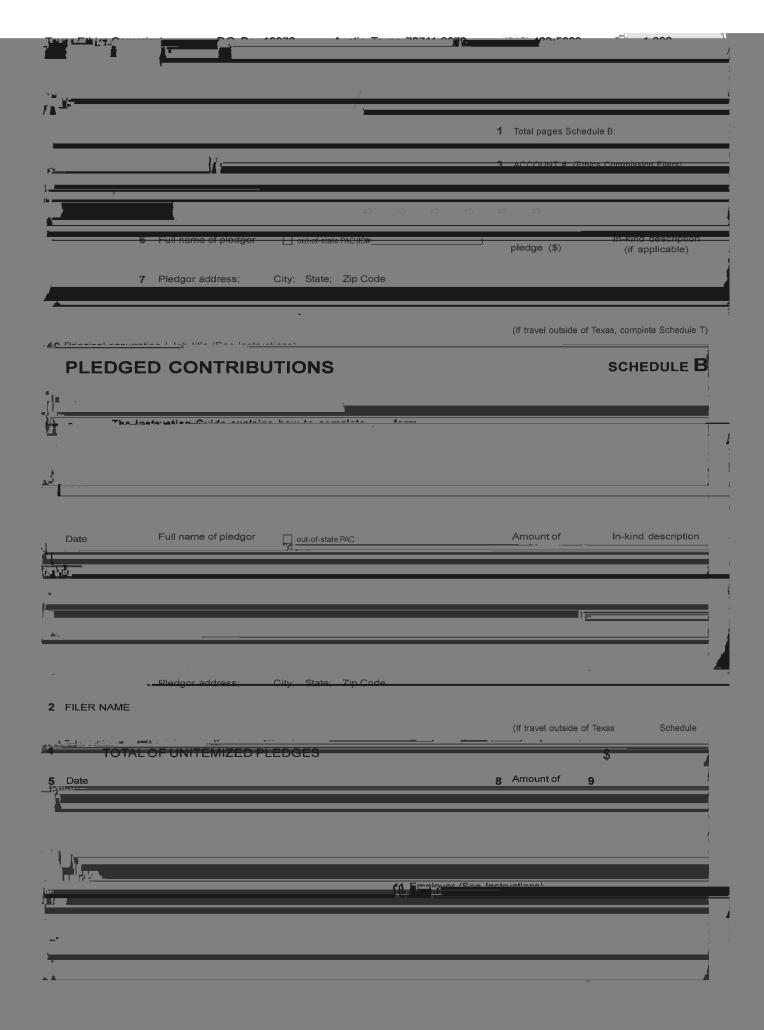
14 C/OH NAME		15 ACCOUNT # (Ethics Commission Filers)
LINDA		
	S BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND	DITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS



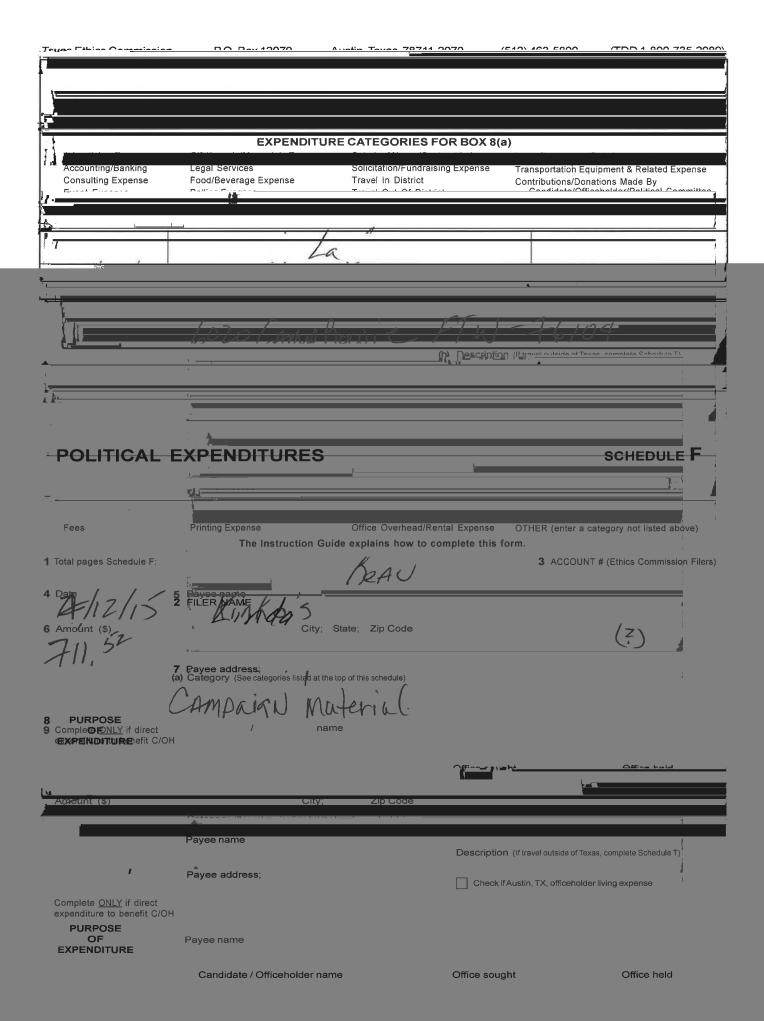
SCHEDULE A

The Instruction Guide explains	complete this form.	1 Total pages Schedule A:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
, <u>4</u>		(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instruction	ns)	
Full name of contributor	out-of-state PAC (ID#:	
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Contributor address; Ci Full name of contributor	ity; State; Zip Code out-of-state PAC (ID#:)
Contributor address; Ci	ity; State; Zip Code	
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LOANS SCHEDULE E

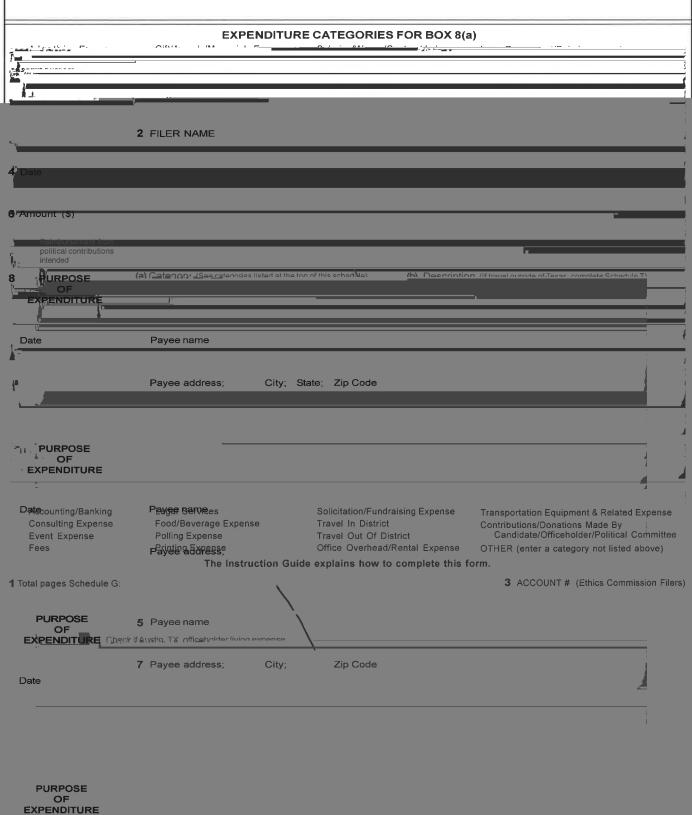
The Instruction Guide explains h	1 Total pages Schedule E	
FILER NAME		3 ACCOUNT # (Ethics Commission Filers
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Date of loan	☐ out-of-state PAC (I [∩] #)
Total Control of the		10 morestrate
		11 Maturity date
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·	15 Chaolait-nerseast in	o <mark>lassana alamanik</mark> ad into antition! annount ,
Islender 8 Lender address; City,	State; Zip Code	
a financial		
Y N 3		
Principal occupation / Job title (See Instructions)		
Description of Collateral	out-of-state PAC (ID#:)
none GUARANTOR 17 Name of guarantor		
INFORMATION		
18 Guarantor address;		The state of the s
Principal Occupation (See Instructions)		
Finicipal Occupation (See instructions)		
not applicable	Fixt_City; State; Zip Code	1 a
1	21 Employer (See Instr	uctions)
		•
Name of lender		<u>*-</u>
Is lender a financial		Interest rate
Institution?		Maturity date



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

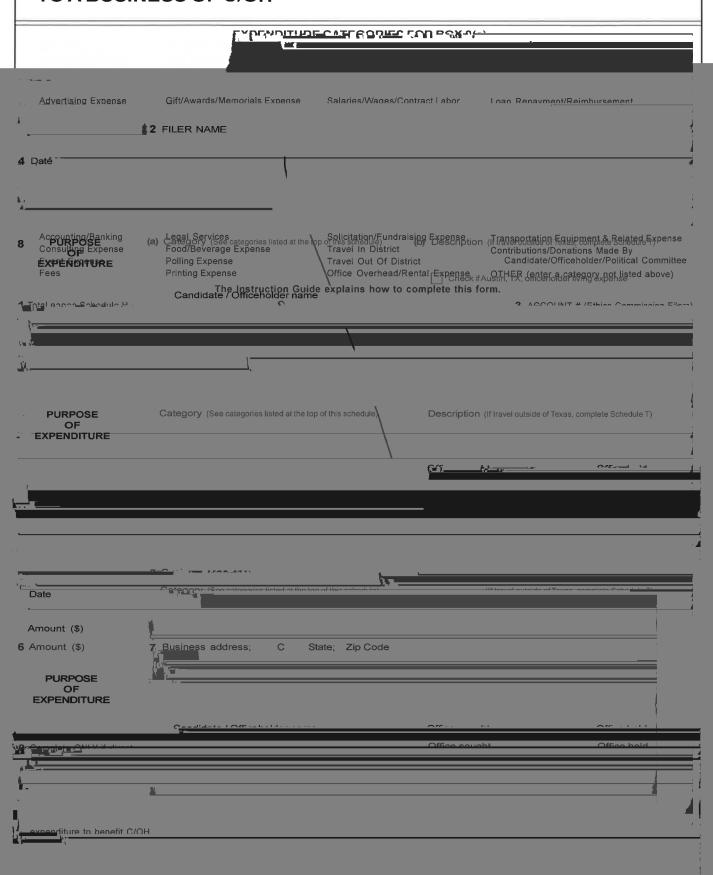


ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Amount (C)

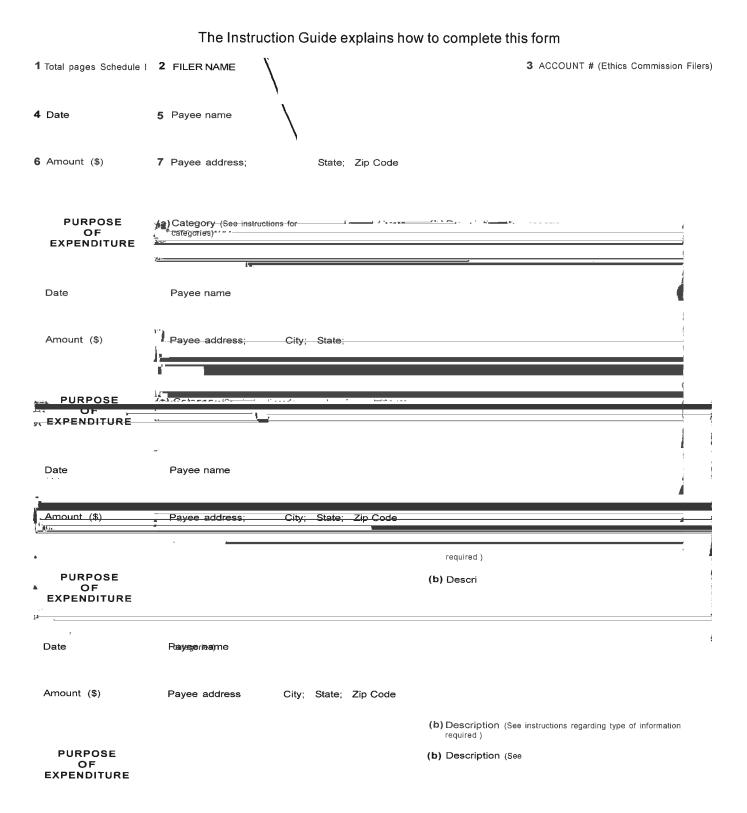
PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !



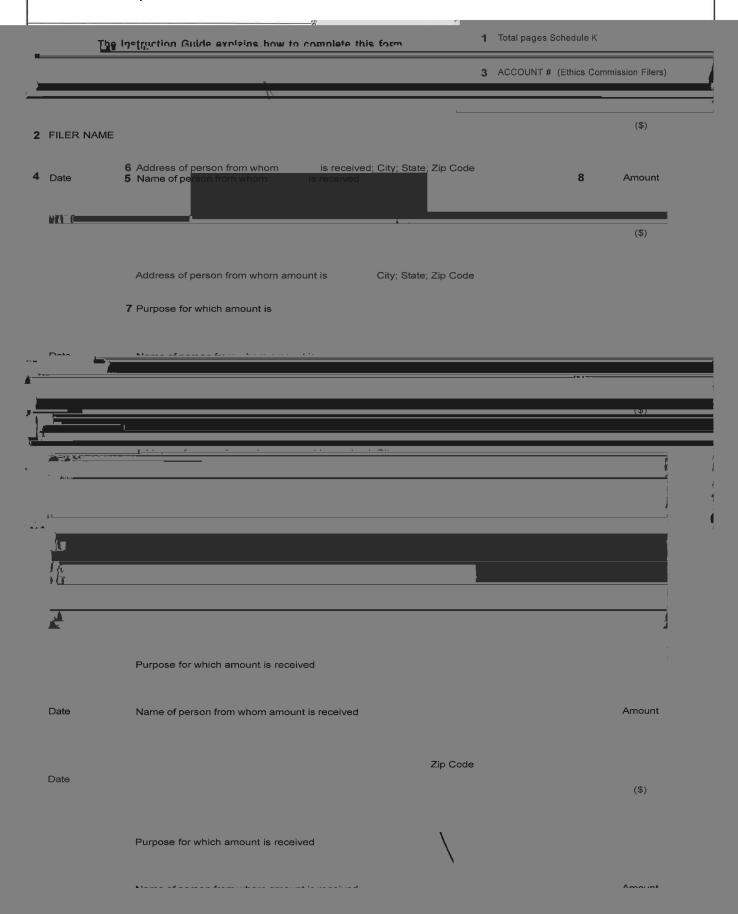
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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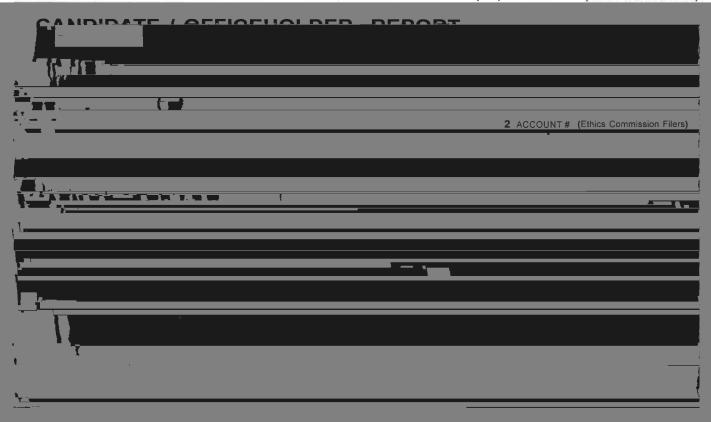
Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K



Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G 6 Dates of tran F-3-8 Departure city or departure location 9 Destination city or name 7 Name of 4 D.... location Schedule G Schedule H СОН-Т PAC-E Name of Contributor / Corporation or Labor Organization / Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B ule C Schedule D Schedule F Schedule F Schedule G Schedule N Schedule H СОН-Т PAC-C PAC-E



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

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

