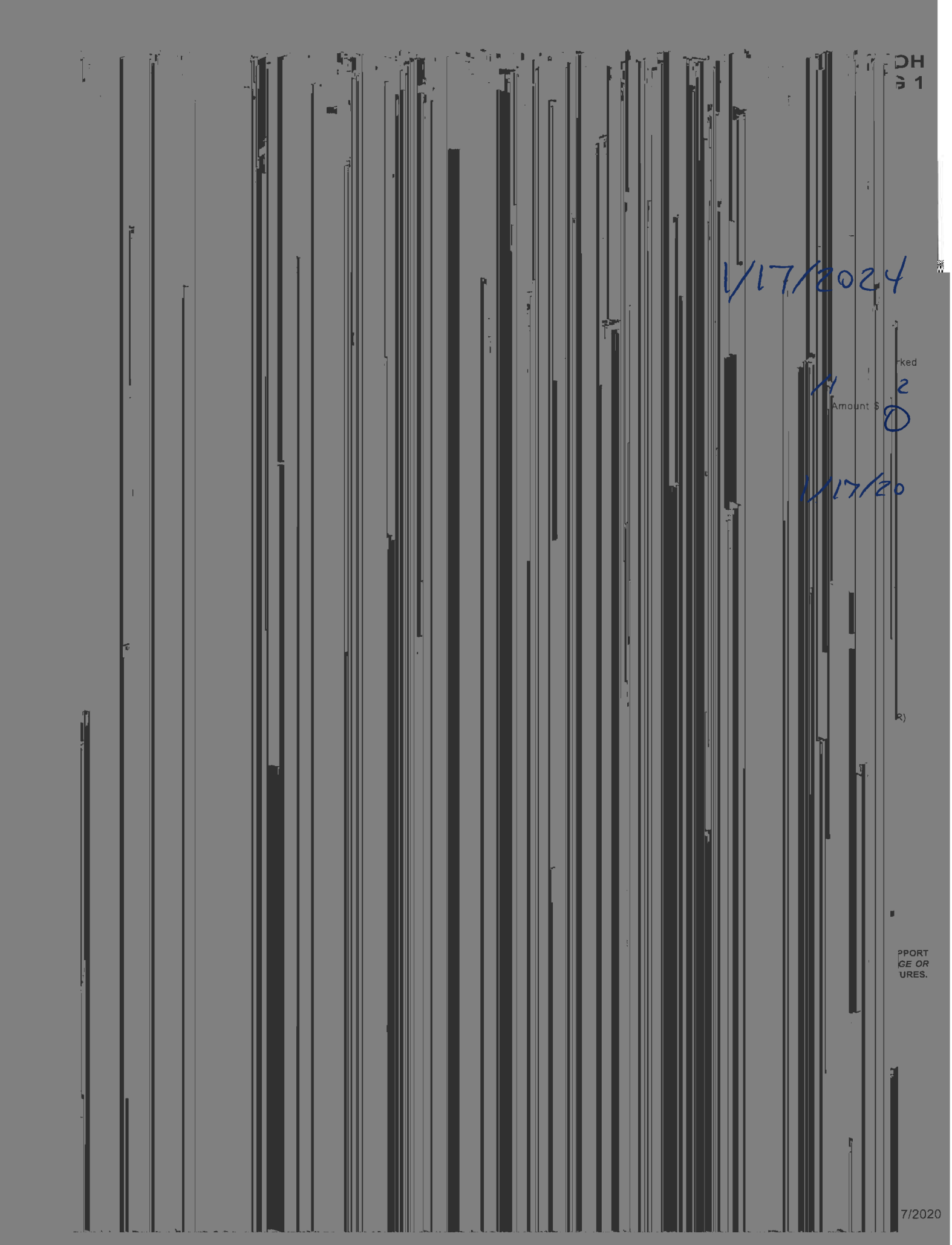
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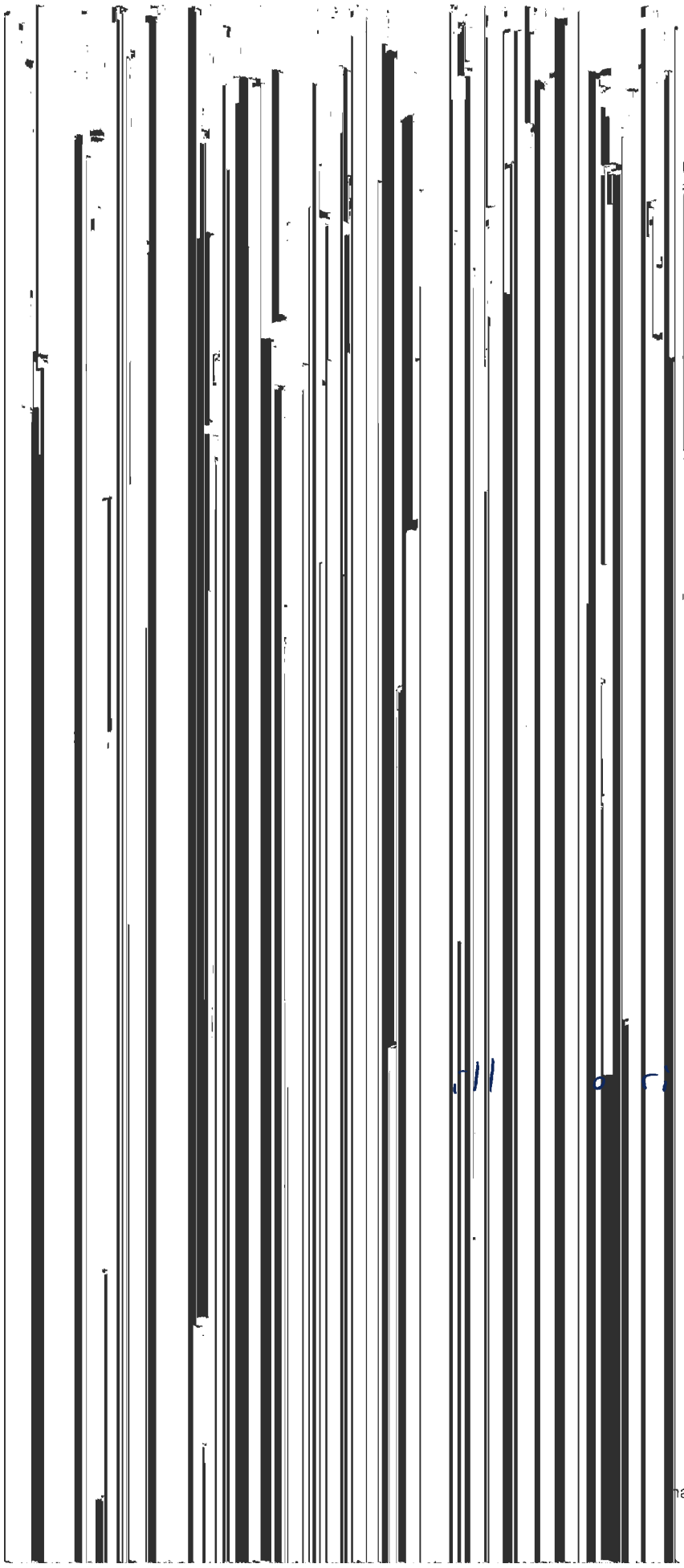


FORM C/OH
COVER SHEET PG 2

16 Filer ID (Ethics Commission Filers)

IS (OTHER THAN S, OR	$
EES OF LOANS)	$ 5500.00
	$
	$ 2846.90
D AS OF THE LAST DAY	$ 11,358.08
NG LOANS AS OF THE	$

ying report is true and correct and includes all information

Signature of Candidate or Officeholder

ption below

this the

ath

Title of officer administering oath

ny date of birth is

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

day of month) 20 (year)

nature of Cand date/Officehold r Declarant)

Revised 8/17/2020

20 Filer ID (Ethics Commission Filers)

OTALS
ULE

			SUBTOTAL AMOUNT
E	MONETARY POLITICAL CONTRIBUTIONS	$	
E	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	—
E	LEDGED CONTRIBUTIONS	$	—
E	OANS	$	
E	POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	0
E	UNPAID INCURRED OBLIGATIONS	$	—
E	PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$	
E8.	EXPENDITURES MADE BY CREDIT CARD	$	
E9.	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$	—
E10.	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	
E11	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	
E	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 pag Schedule A1

FILER NAME

Filer ID (Ethics Commission

Date 5 Full name of contributor out-of-state PAC (I 7 Amount ontribution ($)

6 Contributor address City State; Zip Code

$100.00

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

Date Full name of contributor out-of-state PAC (ID#:) Amount ontribution ($)

$1000.00

Contributor address; State; Zip Code

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

Date Full name of contributor AC (ID#:) Amount ontribution ($)

$500.00

Contributor address; City State; Zip Code

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

Full name of contributor AC (ID#:) Amount of ontribution (

0.00

Contributor address; City State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CONTRIBUTIONS

SCHEDULE A1

this page in the report.

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 (I | 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 | Amount of contribution ($)

Contributor address; City; State; Zip Code

I occupation / Job title (See Instructions) | Employer (See Instructions)

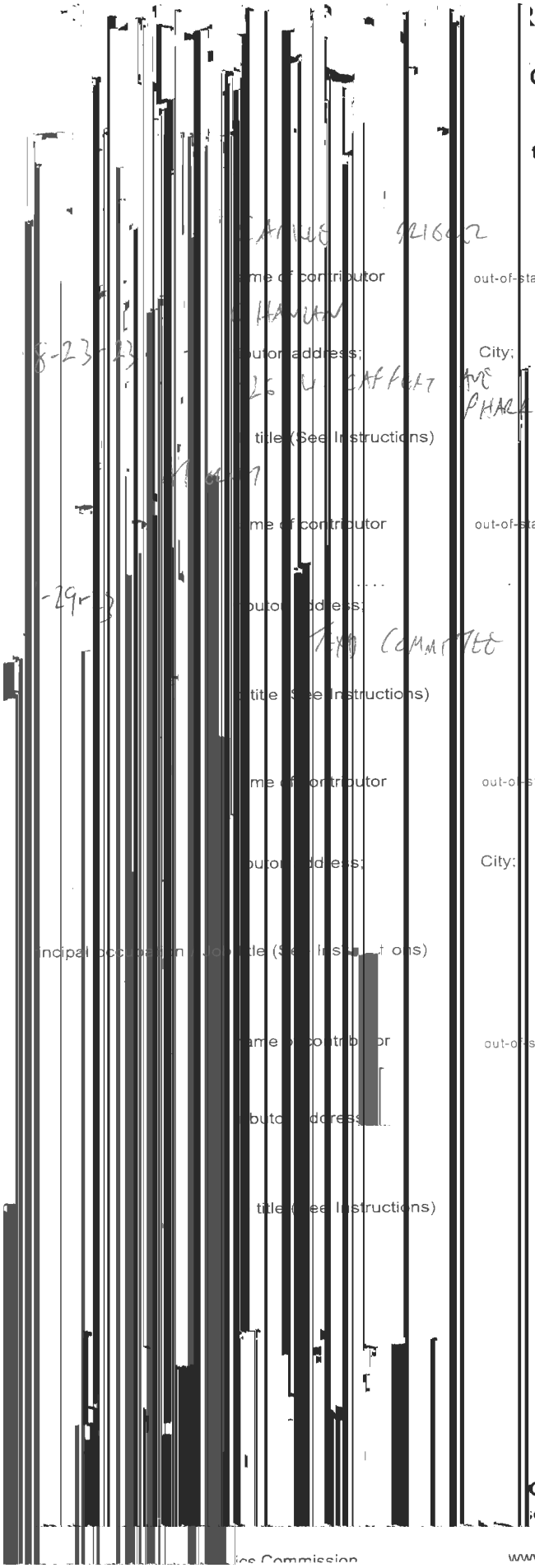
Full name of contributor | Out-of-state PAC | Amount of contribution ($)

Contributor address; City; State; Zip Code

I occupation / Job title (See Instructions) | Employer (See Instructions)

IS SCHEDULE AS NEEDED

guide for additional reporting requirements.



IBUTIONS

SCHEDULE A1

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te this form

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

me of contributor | out-of-state PAC (ID#:) | 7 Amount of contribution ($)

$500.00

butor address; | City; | State; Zip Code

TX 78577

title (See Instructions) | 9 Employer (See Instructions)

me of contributor | out-of-state PAC (I | Amount of contribution ($)

butor address; | State; Zip Code

title (See Instructions) | Employer (See Instructions)

me of contributor | out-of-state PAC (I | Amount of contribution ($)

butor address; | City; | State; Zip Code

ncipal occupation / job title (See Instructions) | Employer (See Instructions)

me of contributor | out-of-state PAC (I | Amount of contribution ($)

butor address | State; Zip Code

title (See Instructions) | Employer (See Instructions)

OPIES OF THIS SCHEDULE AS NEEDED

See Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requ ted information is not a icable, **DO NOT include this e in the re ort.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

bursement
l Expense
act 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 ains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

7 Payee address;

City;

State;

Zip Code

76161

8

cription

PURPOSE OF EXPENDITURE

(c)

Check if Austin, TX, officeholder living expense

e sought

Office held

C y;

State;

Zip Code

ci iptio

PURPOSE OF EXPENDITURE

Check if Austin, TX, officeholder living expense

e soug it

Office held

C ty

State;

Zip Code

c ipt

PURPOSE OF EXPENDITURE

Check if Austin, TX, officeholder living expense

ce sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

nse	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
	Food/Beverage Expense	Polling Expense	Travel In District
ns Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
der/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

FILER NAME dule F1 CAMILO ROMERO

3 Filer ID (Ethics Commission Filers)

Payee name

Payee address City State;

8 (a) Category (See Category listed at the top of this schedule) (b) Description

PURPOSE OF EXPENDITURE

(c)

Candidate / Officeholder name Office sought

Direct benefit C/OH

Payee name

Payee address City State;

PURPOSE OF EXPENDITURE

Description

Candidate / Officeholder name Office sought Office held

Direct benefit C/OH

Payee name

Payee address State City Zip Code

PURPOSE OF EXPENDITURE

Description

Candidate / Officeholder name Office sought

Direct benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR **B(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to compl **s form.**

1 Total pages Schedule F1 **2** FILER NAME CAMI ROHRIGER **3** Filer ID (Ethics Commission Filers)

4 Date **5** Payee name

6 Amount ($) **7** Payee address: City; State Zip Code

SCHOOL 221 MCKINLEY AVE FT. W TX 76164

PURPOSE OF EXPENDITURE (b) Description

(c) Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

Date Payee name

Amount ($) Payee address City State Zip Code

FT.W TX 76107

PURPOSE OF EXPENDITURE Description

HOLIDAY CARDS

Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

Date Payee name

3-24 ACES CAM GM

Amount ($) Payee address City State Zip Code

$1000.00 P.O. BOX 121 TX 76164

PURPOSE OF EXPENDITURE Description

Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SC **E AS NEEDED**

POLITICAL XPENDITURES MADE FROM POL ICAL CONTRIBUTIONS

SCHEDULE F1

If the requested i rmation is not a icable, **DO NOT include this pa in the re**

EXPENDITURE CATEGORIES FOR BOX 8(a)

ing Expense
g/Banking
Expense
ons/Donations Made
te/Officeholder/Polit Committee
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

ages Schedule 2 FILER NAME CARLILE for Mayor 3 Filer ID (Ethics mission Filers)

ate 5 Payee name

7-1-2

mount ($) 7 Payee address; City; State Zip Code

72.56 2600 W 7th ST 107

PURPOSE OF EXPENDITURE

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

FR INV ON

(c)

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

te ONLY if direct iture to benefit C/ Candidate / Officeholder name Office sought ce held

ate Payee name

7-26-23 DOLLAR

nt ($) Payee address; City; State Zip Code

34.12 367 CARROLL ST FT. WORTH TX 76107

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

PURPOSE OF EXPENDITURE

EVENT SET DECORATION

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

te ONLY if direct iture to benefit C/ Candidate / Officeholder name Office sought Office held

ate Payee name

nt ($) Payee address; City State Zip Code

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

PURPOSE OF EXPENDITURE

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

ete ONLY if direct iture to benefit C Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED