# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G  | Guide explains how to complete this form.  | 1 Filer ID (Ethics Commission Filers)<br>88424                                 | <sup>2</sup> Total pages filed:<br>4  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR FIRST<br>Mrs Teresa  | R R  | OFFICE USE ONLY   |  |  |  |  |  |
|   | NICKNAME LAST<br>Gonzalez  | SUFFIX   | RECEIVED  |  |  |  |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS / PO BOX; APT / SUITE #;<br>8051 Berkshire Dr Fort Worth   | city; state; zip code<br>Texas 76137   | FEB 7 2024<br>Texas Ethics Commission   |  |  |  |  |  |
| Change of Address   |  |  | Texas Ethics commission   |  |  |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE         PHONE NUMBER           (817)         716-6168  | EXTENSION  | Date Hand-delivered or Date Postmarked  |  |  |  |  |  |
| 6 CAMPAIGN<br>TREASURER                                       | MS / MRS / MR FIRST<br>Mrs Sabina  | мі<br>R  | Receipt # Amount \$   |  |  |  |  |  |
| NAME  | NICKNAME LAST  | SUFFIX   | Date Processed 2.9.2024   |  |  |  |  |  |
|   | Spinelli   |  |   |  |  |  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | RESS 1316 Spanish Needle Trail, Fort Worth, TX 76177   |  |   |  |  |  |  |  |
|   |  | EVITENCION   |   |  |  |  |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | (817) 903-5979   | AREA CODE PHONE NUMBER EXTENSION<br>(817) 903-5979                             |   |  |  |  |  |  |
| 9 REPORT TYPE   | January 15 30th day before   |  | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)           |  |  |  |  |  |
|   | July 15 8th day before el  | lection Exceeded Modified Reporting Limit                                      | Final Report (Attach C/OH - FR)   |  |  |  |  |  |
| 10 PERIOD   | Month Day Year   | Month  | Day Year  |  |  |  |  |  |
| COVERED   | 12 / 11 / 23   | THROUGH 12   | / 31 / 23   |  |  |  |  |  |
| 11 ELECTION   | ELECTION DATE<br>Month Day Year Primary  | ELECTION TYPE  |   |  |  |  |  |  |
|   | 3 / 5 / 24 General   |  |   |  |  |  |  |  |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known<br>State Represen                                   | tative District HD 91   |  |  |  |  |  |
| 14 NOTICE FROM<br>POLITICAL                                   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS<br>THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE<br>CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU | S ACCEPTED OR POLITICAL EXPENDITURES M<br>S MAY HAVE BEEN MADE WITHOUT THE CAN | ADE BY POLITICAL COMMITTEES TO SUPPORT<br>DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |  |  |  |  |  |
| COMMITTEE(S)  | COMMITTEE TYPE COMMITTEE NAME  |  |   |  |  |  |  |  |
| Additional Pages  | GENERAL COMMITTEE ADDRESS  |  |   |  |  |  |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TRI  | EASURER NAME   |   |  |  |  |  |  |
|   | COMMITTEE CAMPAIGN TR  | REASURER ADDRESS   |   |  |  |  |  |  |
|   | GO TO  | PAGE 2   |   |  |  |  |  |  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Ramirez, Teresa |   | <b>16</b> Filer ID (Ethics Commission Filers)<br><b>88424</b> |
|---------------------------------|---|---|
| 17 CONTRIBUTION<br>TOTALS       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00   |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 0.00   |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00   |
|                                 | 4. TOTAL POLITICAL EXPENDITURES   | \$ 750.00   |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD  | st day \$ 0.00  |
| OUTSTANDING<br>LOAN TOTALS      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>LAST DAY OF THE REPORTING PERIOD  | * THE \$ 0.00   |
|                                 | swear, or affirm, under penalty of perjury, that the accompanying report is true  | and correct and includes all information                      |
|                                 | Please complete either option below   |   |
| Signature of officer adminis    | tering oath Printed name of officer administering oath  | Title of officer administering oath                           |
|                                 | OR  |   |
| (2) Unsworn Declara             | tion  |   |
| My name is                      | , and my date of birth is   |   |
| My address is                   |   | ,,  |
| Evenuted in                     |   | state) (zip code) (country)                                   |
|                                 | County, State of, on theday of<br>(month  | ), 20 <u>(year)</u> .<br>(year)                               |
|                                 | Signature of Candic   | late/Officeholder (Declarant)                                 |

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| 19 FILE<br>Ram | mmission Filers)   |                    |                    |  |  |  |
|----------------|--|--------------------|--------------------|--|--|--|
|                | HEDULE SUBTOTALS<br>ME OF SCHEDULE                                       |                    | SUBTOTAL<br>AMOUNT |  |  |  |
| 1.             | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |                    | \$                 |  |  |  |
| 2.             | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |                    |                    |  |  |  |
| 3.             | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                     |                    |                    |  |  |  |
| 4.             | I. SCHEDULE E: LOANS   |                    |                    |  |  |  |
| 5.             | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |                    |                    |  |  |  |
| 6.             | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |                    | \$                 |  |  |  |
| 7.             | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                 | CONTRIBUTIONS      | \$                 |  |  |  |
| 8.             | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |                    | \$                 |  |  |  |
| 9.             | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU                 | NDS                | \$ 750.00          |  |  |  |
| 10.            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A               | A BUSINESS OF C/OH | \$                 |  |  |  |
| 11.            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | ONTRIBUTIONS       | \$                 |  |  |  |
| 12.            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER | TIONS RETURNED     | \$                 |  |  |  |

# **MONETARY POLITICAL CONTRIBUTIONS**

SCHEDULE A1

|   | The             | Instruction Guide explains how to complete this f | iorm.                  | 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 (I    | ID#:)                  | 7 Amount of contribution (\$)         |
|   |                 | <b>6</b> Contributor address; City;               | State; Zip Code        |                                       |
| 8 | Principal occu  | pation / Job title (See Instructions)             | Employer (See Instruc  | tions)                                |
|   | Date            | Full name of contributor out-of-state PAC (I      | ID#:)                  | Amount of contribution (\$)           |
|   |                 | Contributor address; City;                        | State; Zip Code        |                                       |
|   | Principal occup | ation / Job title (See Instructions)              | Employer (See Instruct | ions)                                 |
|   | Date            | Full name of contributor out-of-state PAC (       | ID#:)                  | Amount of contribution (\$)           |
|   |                 | Contributor address; City;                        | State; Zip Code        |                                       |
|   | Principal occup | ation / Job title (See Instructions)              | Employer (See Instruc  | tions)                                |
|   | Date            | Full name of contributor out-of-state PAC (I      | ID#:)                  | Amount of contribution (\$)           |
|   |                 | Contributor address; City;                        | State; Zip Code        |                                       |
|   | Principal occup | ation / Job title (See Instructions)              | Employer (See Instruc  | tions)                                |
|   |                 |   |                        |                                       |
|   |                 | ATTACH ADDITIONAL COPIES OF                       |                        |                                       |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| т                       | ne Instruction Guide explains how to complete this form                                   | n.          | 1 Total pages Schedu                         | ıle A2:                            |
|-------------------------|---|-------------|--|------------------------------------|
| 2 FILER NAM             | E   |             | 3 Filer ID (Ethics Cor                       | mmission Filers)                   |
| 4 TOTAL O               | F UNITEMIZED IN-KIND POLITICAL CONTRIE  | BUTIONS     | \$   |                                    |
| 5 Date                  | 6 Full name of contributor   out-of-state PAC (ID#:                                       | )           | 8 Amount of Contribution \$                  | 9 In-kind contribution description |
|                         | 7 Contributor address; City; State;   | Zip Code    |  | I                                  |
|                         |   |             | Check if travel outsic                       | de of Texas. Complete Schedule T.  |
| <b>10</b> Principal occ | cupation / Job title (FOR NON-JUDICIAL)(See Instructions)                                 | 11 Employe  | er (FOR NON-JUDICIA                          | AL)(See Instructions)              |
| 12 Contributor's        | principal occupation (FOR JUDICIAL)   | 13 Contribu | utor's job title (FOR JU                     | DICIAL) (See Instructions)         |
| 14 Contributor's        | employer/law firm (FOR JUDICIAL)  | 15 Law firm | າ of contributor's spous                     | se (if any) (FOR JUDICIAL)         |
| 16 If contributor       | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                               |             |  |                                    |
| Date                    | Full name of contributor 🗌 out-of-state PAC (ID#:   |             | Amount of Contribution \$                    | In-kind contribution description   |
|                         | Contributor address; City; State;   | Zip Code    | <br> <br> <br> <br> <br> <br> <br> <br> <br> | de of Texas. Complete Schedule T.  |
| Principal occ           | Legendref (FOR NON-JUDICIAL) (See Instructions)   | Employe     | er (FOR NON-JUDICIA                          |                                    |
| Contributor's           | principal occupation (FOR JUDICIAL)   | Contribu    | utor's job title (FOR JU                     | DICIAL) (See Instructions)         |
| Contributor's           | s employer/law firm (FOR JUDICIAL)  | Law firm    | n of contributor's spous                     | se (if any) (FOR JUDICIAL)         |
| If contributor          | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                               | L           |  |                                    |
|                         |   |             |  |                                    |
|                         |   |             |  |                                    |
|                         |   |             |  |                                    |
|                         |   |             |  |                                    |
|                         |   |             |  |                                    |
|                         | ATTACH ADDITIONAL COPIES OF T<br>If contributor is out-of-state PAC, please see Instructi |             |  | g requirements.                    |

# PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

|          | The              | Instruction Guide explains how to complete this  | form.                   | 1 Total pages Sched         | ule B:   |
|----------|------------------|--|-------------------------|-----------------------------|--|
| 2        | FILER NAME       |  |                         | <b>3</b> Filer ID (Ethics C | ommission Filers)                                      |
| 4        | TOTAL OF         | UNITEMIZED PLEDGES                               |                         | \$                          |  |
| 5        | Date             | 6 Full name of pledgor out-of-state PAC (ID#:    | )                       | 8 Amount<br>of Pledge \$    | 9 In-kind contribution<br>description                  |
|          |                  | 7 Pledgor address; City; Sta                     | ate; Zip Code           |                             | ,<br> <br> <br> .                                      |
|          |                  |  |                         | Check if travel outs        | ide of Texas. Complete Schedule T.                     |
| 10       | ) Principal occu | pation / Job title (See Instructions)            | <b>11</b> Employer (See | Instructions)               |  |
|          | Date             | Full name of pledgor out-of-state PAC (ID#:      | )                       | Amount<br>of Pledge \$      | l In-kind contribution<br>description                  |
|          |                  | Pledgor address; City; St                        | ate; Zip Code           |                             |  |
|          |                  |  |                         | Check if travel outs        | ide of Texas. Complete Schedule T.                     |
|          | Principal occup  | pation / Job title (See Instructions)            | Employer (See           | Instructions)               |  |
|          | Date             | Full name of pledgor out-of-state PAC (ID#:      |                         | Amount of<br>Pledge \$      | In-kind contribution<br>description                    |
|          |                  |  | ate; Zip Code           | Check if travel outs        | <br> <br> <br> .<br>ide of Texas. Complete Schedule T. |
| <u> </u> | Principal occu   | pation / Job title (See Instructions)            | Employer (See           |                             |  |
|          |                  |  |                         | ,                           |  |
|          | Date             | Full name of pledgor out-of-state PAC (ID#:      | )                       | Amount of<br>Pledge \$      | In-kind contribution description                       |
|          |                  | Pledgor address; City; State                     | ; Zip Code              |                             | <br> <br>  |
|          |                  |  |                         | Check if travel outs        | ide of Texas. Complete Schedule T.                     |
|          | Principal occup  | bation / Job title (See Instructions)            | Employer (See           | Instructions)               |  |
|          |                  | ATTACH ADDITIONAL COPIES                         |                         | FASNEEDED                   |  |
|          | lf               | contributor is out-of-state PAC, please see Inst |                         |                             | requirements.  |

| LOANS  |  |   | SCHEDULE E                                  |  |
|--|--|---|---|--|
| If the requeste                                    | d information is not applicable, <b>DO N</b> 0 | OT include this page in the re  | port.                                       |  |
| The  | Instruction Guide explains how to com          | plete this form.  | 1 Total pages Schedule E:                   |  |
| FILER NAME   |  |   | 3 Filer ID (Ethics Commission Filers        |  |
| TOTAL OF U   | NITEMIZED LOANS                                |   | \$  |  |
| Date of loan                                       | 7 Name of lender out-of-state                  | e PAC (ID#:)  | 9 Loan Amount (\$)                          |  |
| Is lender<br>a financial<br>Institution?           | 8 Lender address; City;                        | State; Zip Code   | 10 Interest rate                            |  |
| Y N  |  |   | <b>11</b> Maturity date                     |  |
| 2 Principal occupat                                | ion / Job title (See Instructions)             | 13 Employer (See Instructions)  |   |  |
| 4 Description of Col                               | lateral  | 15<br>Check if personal funds were deposited into politic<br>account (See Instructions) |   |  |
| 6 GUARANTOR<br>INFORMATION                         | <b>17</b> Name of guarantor                    |   | <b>19</b> Amount Guaranteed (\$)            |  |
| not applicable                                     | <b>18</b> Guarantor address; City;             | State; Zip Code   |   |  |
| 0 Principal Occupa                                 | tion (See Instructions)                        | 21 Employer (See Instructions)  |   |  |
| Date of loan                                       | Name of lender out-of-state                    | e PAC (ID#:)  | Loan Amount (\$)                            |  |
| Is lender<br>a financial                           | Lender address; City;                          | State; Zip Code   | Interest rate                               |  |
| Institution?                                       |  |   | Maturity date                               |  |
| Principal occupat                                  | ion / Job title (See Instructions)             | Employer (See Instructions)   |   |  |
| Description of Col                                 | lateral  | Check if personal fun<br>account (See Instruc   | nds were deposited into political<br>tions) |  |
| ·  |  |   |   |  |
| none<br>GUARANTOR<br>INFORMATION                   | Name of guarantor                              |   | Amount Guaranteed (\$)                      |  |
| none   | Name of guarantor<br>Guarantor address; City;  | State; Zip Code   | Amount Guaranteed (\$)                      |  |
| none<br>GUARANTOR<br>INFORMATION<br>not applicable | Guarantor address; City;                       |   | Amount Guaranteed (\$)                      |  |

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

|   |            | EXPENDITURE CATI  | EGORIES F                     | FOR BOX 8(a)       |   |            |
|---|------------|---|-------------------------------|--------------------|---|------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment |            | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Salaries/Wages/Contract Labor |                    | Solicitation/Fundraising E:<br>Transportation Equipment<br>Travel In District<br>Travel Out Of District<br>Other (enter a category no |            |
|   |            | The Instruction Guide expla   | ins how to c                  | omplete this form. | 1   |            |
| 1 Total pages Schedule F1:  | 2 FILER N  | IAME  |                               |                    | 3 Filer ID (Ethi  | cs Commi   |
| 4 Date  | 5 Payee n  | ame   |                               |                    |   |            |
| 6 Amount (\$)   | 7 Payee a  | ddress;   |                               | City;              | State;  | Zip        |
| 8   | (a) Catego | ry (See Categories listed at the top of th  | iis schedule)                 | (b) Description    |   |            |
| PURPOSE<br>OF<br>EXPENDITURE  |            |   |                               |                    |   |            |
|   | (c)        | Check if travel outside of Texas. Complete  | e Schedule T.                 | Check if Aus       | tin, TX, officeholder livi  | ng expense |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |            | date / Officeholder name  |                               | Office sought      |   | Office I   |
| Date  | Payee n    | ame   |                               |                    |   |            |
| Amount (\$)   | Payee a    | ddress;   |                               | City;              | State;  | Zip        |
| PURPOSE<br>OF<br>EXPENDITURE  | Categor    | y (See Categories listed at the top of thi  | s schedule)                   | Description        |   |            |
|   |            | Check if travel outside of Texas. Complete  | Schedule T.                   | Check if Aus       | tin, TX, officeholder livi  | ng expense |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |            | late / Officeholder name  |                               | Office sought      |   | Office h   |
| Date  | Payee n    | ame   |                               |                    |   |            |
| Amount (\$)   | Payee a    | ddress;   |                               | City;              | State;  | Zip        |
| PURPOSE<br>OF<br>EXPENDITURE  | Categor    | / (See Categories listed at the top of this   | s schedule)                   | Description        |   |            |

Fundraising Expense ion Equipment & Related Expense strict Of District

(Ethics Commission Filers)

Zip Code

Office held

Zip Code

Office held

Zip Code

Office held

Check if Austin, TX, officeholder living expense

Office sought

a category not listed above)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

| EXPENDITURE CATEGORIES FOR BOX 10(a)   |  |                           |                         |  |   |                  |                  |                  |  |
|--|--|---------------------------|-------------------------|--|---|------------------|------------------|------------------|--|
| Advertising Expense     Event Expense       Accounting/Banking     Fees       Consulting Expense     Food/Beverage Expen       Contributions/Donations Made By     Gift/Awards/Memorials       Candidate/Officeholder/Political Committee     Legal Services |  |                           |                         | Office Ove<br>Polling Ex<br>Printing E | Loan Repayment/ReimbursementSolicitation/Fundraising ExpenseOffice Overhead/Rental ExpenseTransportation Equipment & RelatePolling ExpenseTravel In DistrictPrinting ExpenseTravel Out Of DistrictSalaries/Wages/Contract LaborOther (enter a category not listed at the second sec |                  |                  |                  |  |
|  |  | The Instru                | ction Guide expl        | ains how to c                          | complete this form.   |                  |                  |                  |  |
| <b>1</b> Total pages Schedule F2:  | 2 FILER  | NAME                      |                         |  |   | 3 Filer I        | D (Ethics Co     | mmission Filers) |  |
| 4 TOTAL OF UNITEN  |  | NPAID INC                 | URRED OBI               | IGATION                                | IS  | \$               |                  |                  |  |
| 5 Date   | 6 Payee  | name                      |                         |  |   | 1                |                  |                  |  |
| 7 Amount (\$)  | 8 Payee  | address;                  |                         |  | City;   |                  | State;           | Zip Code         |  |
| 9 TYPE OF<br>EXPENDITURE   |  | Political                 | [                       | Non-Po                                 | litical   |                  |                  |                  |  |
| 10<br>PURPOSE<br>OF<br>EXPENDITURE   | (a) Catego   | o <b>ry</b> (See Categori | es listed at the top of | this schedule)                         | (b) Description   |                  |                  |                  |  |
|  | (c)  | Check if travel ou        | tside of Texas. Complet | te Schedule T.                         | Check if Au   | stin, TX, office | holder living ex | pense            |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | 11 Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held |                           |                         |  |   |                  |                  |                  |  |
| Date   | Payee  | name                      |                         |  |   |                  |                  |                  |  |
| Amount (\$)  | Payee  | address;                  |                         |  | City;   |                  | State;           | Zip Code         |  |
| TYPE OF<br>EXPENDITURE   |  | Political                 |                         | Non-Po                                 | blitical  |                  |                  |                  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Catego   | ory (See Categori         | es listed at the top of | this schedu <b>l</b> e)                | Description   |                  |                  |                  |  |
|  |  | Check if travel c         | outside of Texas. Compl | ete Schedule T.                        | Check if A  | ustin, TX, offic | eholder living e | expense          |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI  |  | ndidate / Offic           | ceholder name           | (                                      | Office sought   |                  | Office held      | d                |  |
|  |  |                           |                         |  |   |                  |                  |                  |  |
|  |  |                           |                         |  | SCHEDULE AS NE  | EDED             |                  | D. 1. 1.1/2003   |  |
| Forms provided by Texas Ethio  | cs Commissi  | on                        | www.eth                 | ics.state.tx.u                         | S   |                  |                  | Revised 1/1/2024 |  |

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 pa | ages Sc | hedule F | 3:            |      |
|-------------|---|-----|----------|---------|----------|---------------|------|
| 2 FILER NAI | ME  | 3   | Filer ID | (Ethics | Commis   | ssion Filers) | )    |
| 4 Date      | 5 Name of person from whom investment is purchased        |     |          |         |          |               |      |
|             | 6 Address of person from whom investment is purchased; Ci |     |          |         | State;   | Zip C         | Code |
|             | 7 Description of investment                               |     |          |         |          |               |      |
|             | 8 Amount of investment (\$)                               |     |          |         |          |               |      |
| Date        | Name of person from whom investment is purchased          |     |          |         |          |               |      |
|             | Address of person from whom investment is purchased; Cit  | у;  |          |         | State;   | Zip C         | ode  |
|             | Description of investment                                 |     |          |         |          |               |      |
|             | Amount of investment (\$)                                 |     |          |         |          |               |      |
|             |   |     |          |         |          |               |      |
|             | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                 | EAS | NEED     | ED      |          |               |      |

Forms provided by Texas Ethics Commission

|   | <b>RES MADE E</b><br>mation is not applicat |  |                                      |                       | port.   | SCHE   | DULE <b>F4</b>       |
|---|---|--|--------------------------------------|-----------------------|---|--|----------------------|
|   | EXP   | ENDITURE CAT                                   | FEGORIES                             | FOR BOX 10(a)         |   |  |                      |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Mac<br>Candidate/Officeholder/Po<br>The Instructio | de By Gift/Award                            | erage Expense<br>Is/Memorials Expense<br>vices | Office Ov<br>Polling E<br>Printing I |                       | se Transpo<br>Travel Ir<br>Travel C<br>Other (e | n District<br>Out Of District<br>nter a category | ent & Related Expens |
| 1 TOTAL PAGES<br>SCHEDULE F4:   | 2 FILER NAME                                |  |                                      |                       | 3 FILE  | R ID (Ethics                                     | Commission Filers    |
| 4 TOTAL OF UNITEMIZED EX  | (PENDITURES CHARGED TO A                    | CREDIT CARD                                    |                                      |                       | \$  |  |                      |
| 5 CREDIT CARD<br>ISSUER   | Name of financial institut                  | tion   |                                      |                       |   |  |                      |
| 6 PAYMENT   | (a) Amount Charged                          | (b) Date Expendit                              | ure Charged                          | (c) Date(s) Credit Ca | ard Issuer Paid                                 |  |                      |
| 7 PAYEE   | (a) Payee name                              |  | (b) Payee add                        | l<br>dress;           | City,   | State,   | Zip Code             |
| 8 PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories I              | isted at the top of this sche                  | l<br>dule)                           | (b) Description       |   |  |                      |
| Political     Non-Political   | (c) Check if travel ou                      | tside of Texas. Complet                        | e Schedule T.                        | I<br>Check            | if Austin, TX, offic                            | ceholder living e                                | expense              |
| <ul> <li>Complete <u>ONLY</u> if direct</li> <li>expenditure to benefit C/OH</li> </ul>   | Candidate / Officeholder                    |  |                                      | ice Sought            |   | Office Held                                      |                      |
| PAYMENT   | (a) Amount Charged<br>\$                    | (b) Date Expendit                              | ure Charged                          | (c) Date(s) Credit Ca | ard Issuer Paid                                 |  |                      |
| PAYEE   | (a) Payee name                              | <u> </u>                                       | (b) Payee add                        | L<br>dress;           | City,   | State,   | Zip Code             |
| PURPOSE OF<br>EXPENDITURE<br>Political  | (a) Category (See Categories I              | isted at the top of this sche                  | l<br>dule)                           | (b) Description       |   |  |                      |
| Non-Political   | (C) Check if travel ou                      | tside of Texas. Complet                        | e Schedule T.                        | Chec                  | k if Austin, TX, offi                           | iceholder living                                 | expense              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder                    | name   | Off                                  | ice Sought            |   | Office Held                                      |                      |
| PAYMENT   | (a) Amount Charged<br>\$                    | (b) Date Expenditi                             | ure Charged                          | (c) Date(s) Credit Ca | ard Issuer Paid                                 |  |                      |
| PAYEE   | (a) Payee name                              | ļ  | (b) Payee add                        | l<br>dress;           | City,   | State,   | Zip Code             |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories I              | isted at the top of this sche                  | dule)                                | (b) Description       |   |  |                      |
| <ul><li>Political</li><li>Non-Political</li></ul>   | (c) Check if travel ou                      | tside of Texas. Complet                        | e Schedule T.                        | I Che                 | eck if Austin, TX, o                            | fficeholder livin                                | g expense            |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder                    |  |                                      | ice Sought            |   | Office Held                                      |                      |
|   | ATTACH ADDI                                 | TIONAL COPIE                                   | S OF THIS                            | SCHEDULE AS           | NEEDED  |  |                      |
| orms provided by Texas Etl  | hics Com Reset                              | Form   | ics.s                                | Reset Page            |   | I  | Revised 1/1/2024     |

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE $\mathbf{G}$

|  |                       | EXPENDITURE CATEO  | GORIES   | FOR BOX 8(a)                   |  |                       |
|--|-----------------------|--|--|--------------------------------|--|-----------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politie<br>Credit Card Payment |                       | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explain | Office Ove<br>Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor | Solicitation/Fundraisin<br>Transportation Equipm<br>Travel In District<br>Travel Out Of District<br>Other (enter a categor | ent & Related Expense |
| <b>1</b> Total pages Schedule G:   | <sup>2</sup> FILER NA | <sup>ME</sup><br>a Ramirez   |  |                                | 3 Filer ID (Ethics 88424   | Commission Filers)    |
| <sup>4</sup> Date<br>12/11/2023  | 5 Payee nar<br>Teresa | <sup>ne</sup><br>Ramirez   |  |                                |  |                       |
| 6 Amount (\$)<br>750.00<br>Reimbursement from<br>political contributions<br>intended   | 7 Payee add<br>8051 B | erkshire Dr, Fort Wort   | h, Texa  | <sup>City;</sup><br>as, 76137  | State;   | Zip Code              |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  |                       | (See Categories listed at the top of this so<br>verhead/Rental Expen   |  | (b) Description<br>Filling Fee |  |                       |
|  | (c)                   | Check if travel outside of Texas. Complete Sch   | nedule T.  | Check if Austin                | , TX, officeholder living ex   | pense                 |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candid                | ate / Officeholder name  |  | Office sought                  |  | Office he <b>l</b> d  |
| Date   | Payee nar             | ne   |  |                                |  |                       |
| Amount (\$)  | Payee add             | dress;   |  | City;                          | State;   | Zip Code              |
| Reimbursement from<br>political contributions<br>intended  |                       |  |  |                                |  |                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Category              | (See Categories listed at the top of this so   | chedule)   | Description                    |  |                       |
|  |                       | Check if travel outside of Texas. Complete Sch   | hedule T.  | Check if Austin                | , TX, officeholder living ex   | kpense                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0  |                       | ate / Officeholder name  |  | Office sought                  |  | Office he <b>l</b> d  |
| Date   | Payee nar             | ne   |  |                                |  |                       |
| Amount (\$)  | Payee add             | dress;   |  | City;                          | State;   | Zip Code              |
| Reimbursement from<br>political contributions<br>intended  |                       |  |  |                                |  |                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Category              | (See Categories listed at the top of this so   | chedule)   | Description                    |  |                       |
|  |                       | Check if travel outside of Texas. Complete Sch   | nedule T.  | Check if Austin                | , TX, officeholder living ex   | pense                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candid                | ate / Officeholder name  |  | Office sought                  |  | Office he <b>l</b> d  |
|  | ATTA                  | CH ADDITIONAL COPIES OI  | F THIS SO  | CHEDULE AS NEED                | ED   |                       |

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

#### SCHEDULE **H**

|  |                       | EXPENDITURE CATEO  | GORIES  | FOR BOX 8(a)                    |   |                            |
|--|-----------------------|--|---|---------------------------------|---|----------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politic<br>Credit Card Payment |                       | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explain | Office Ov<br>Polling E<br>Printing I<br>Salaries/ | Expense<br>Wages/Contract Labor | Travel In District<br>Travel Out Of Dis | quipment & Related Expense |
| 1 Total pages Schedule H:  | 2 FILER N             | AME  |   |                                 | 3 Filer ID (Et                          | hics Commission Filers)    |
| 4 Date   | 5 Business            | name   |   |                                 | <u> </u>                                |                            |
| <b>6</b> Amount (\$)   | 7 Business<br>8051 Be | erkshire Dr, Fort Worth  | i, Texa   | City;<br>as, 76137              | State                                   | e; Zip Code                |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Category          | (See Categories listed at the top of this sc   | hedule)   | (b) Description                 |   |                            |
|  | (c) (                 | Check if travel outside of Texas. Complete Sch   | iedule T.   | Check if Austin                 | , TX, officeholder livi                 | ng expense                 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                       | ate / Officeholder name  |   | Office sought                   |   | Office held                |
| Date   | Business              | name   |   |                                 |   |                            |
| Amount (\$)  | Business              | address;   |   | City;                           | State                                   | e; Zip Code                |
| PURPOSE<br>OF<br>EXPENDITURE   | Category              | (See Categories listed at the top of this sc   | hedule)   | Description                     |   |                            |
|  | C                     | Check if travel outside of Texas. Complete Scho  | edule T.  | Check if Austin,                | , TX, officeholder livir                | ng expense                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                       | ate / Officeholder name  |   | Office sought                   |   | Office held                |
| Date   | Business              | name   |   |                                 |   |                            |
| Amount (\$)  | Business              | address;   |   | City;                           | State                                   | e; Zip Code                |
| PURPOSE<br>OF<br>EXPENDITURE   | Category              | (See Categories listed at the top of this sc   | hedule)   | Description                     |   |                            |
|  | (                     | Check if travel outside of Texas. Complete Sch   | iedule T.   | Check if Austin                 | , TX, officeholder livi                 | ng expense                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                       | ate / Officeholder name  |   | Office sought                   |   | Office held                |
|  | ATT                   | ACH ADDITIONAL COPIES C  | OF THIS   | SCHEDULE AS NEE                 | DED                                     |                            |

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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

|                                   | The Instruction Guide explains how to com                                 | plete this form.                   |                      |               |                  |
|-----------------------------------|---|------------------------------------|----------------------|---------------|------------------|
| 1 Total pages Schedule I:         | 2 FILER NAME  |                                    | 3 Filer ID           | (Ethics Co    | mmission Filers) |
| 4 Date                            | 5 Payee name  |                                    |                      |               |                  |
| <b>6</b> Amount (\$)              | <b>7</b> Payee address;   | City                               |                      | State         | Zip Code         |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE | (a)Category (See instructions for examples of acceptable categories.)     | (b) Description (See<br>required.) | instructions regar   | ding type of  | information      |
| Date                              | Payee name  |                                    |                      |               |                  |
| Amount (\$)                       | Payee address;  | City                               |                      | State         | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE      | <b>Category</b> (See instructions for examples of acceptable categories.) | Description (See<br>required.)     | instructions regar   | rding type of | information      |
| Date                              | Payee name  |                                    |                      |               |                  |
| Amount (\$)                       | Payee address;  | City                               |                      | State         | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE      | Category (See instructions for examples of acceptable categories.)        | Description (See<br>required.)     | instructions regar   | rding type of | information      |
| Date                              | Payee name  |                                    |                      |               |                  |
| Amount (\$)                       | Payee address;  | City                               |                      | State         | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE      | <b>Category</b> (See instructions for examples of acceptable categories.) | Description (See<br>required.)     | ⇒ instructions regar | rding type of | information      |
|                                   | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE                     | EDED                 |               |                  |

Forms provided by Texas Ethics Commission

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The          | Instruction Guide explains how to complete this form.              | 1 Total pages Schedule K:                |
|--------------|--|--|
| 2 FILER NAME |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date       | 5 Name of person from whom amount is received                      | 8 Amount (\$)                            |
|              | <b>6</b> Address of person from whom amount is received; City; Sta | nte; Zip Code                            |
|              | 7 Purpose for which amount is received Check if                    | political contribution returned to filer |
| Date         | Name of person from whom amount is received                        | Amount (\$)                              |
|              | Address of person from whom amount is received; City; Sta          | ate; Zip Code                            |
|              | Purpose for which amount is received Check if                      | political contribution returned to filer |
| Date         | Name of person from whom amount is received                        | Amount (\$)                              |
|              | Address of person from whom amount is received; City; Sta          | ate; Zip Code                            |
|              | Purpose for which amount is received Check if                      | political contribution returned to filer |
| Date         | Name of person from whom amount is received                        | Amount (\$)                              |
|              | Address of person from whom amount is received; City; Sta          | ate; Zip Code                            |
|              | Purpose for which amount is received Check if                      | political contribution returned to filer |
|              | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                          | ASNEEDED                                 |

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

|  | 1  |
|--|--|
| The Instruction Guide explains how to complete this form.  | <b>1</b> Total pages Schedule T:             |
| 2 FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |
|  |  |
| 5       Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule A2       Schedule B         Schedule A2       Schedule B | Schedule D Schedule F1                       |
| Schedule F2     Schedule F4     Schedule G     Schedule H       6     Dates of travel     7     Name of person(s) traveling                                    | Schedule COH-UC Schedule B-SS                |
|  |  |
| 8 Departure city or name of departure location   |  |
| <b>9</b> Destination city or name of destination location  |  |
| 10 Means of transportation         11 Purpose of travel (including name of conference, set   | eminar, or other event)                      |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |
| Contribution / Expenditure reported on:  |  |
| Schedule A2 Schedule B Schedule B(J) Schedule C2   | Schedule D Schedule F1                       |
| Schedule F2 Schedule F4 Schedule G Schedule H  | Schedule COH-UC Schedule B-SS                |
| 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, se  | eminar, or other event)                      |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |
| Contribution / Expenditure reported on:  |  |
| Schedule A2     Schedule B     Schedule B(J)     Schedule C2   | Schedule D Schedule F1                       |
| Schedule F2 Schedule F4 Schedule G Schedule H  | Schedule COH-UC Schedule B-SS                |
| 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, se  | eminar, or other event)                      |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE  | ASNEEDED                                     |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

|   |          | The Instruction Guide explains how to complete this for<br>•• Complete only if "Report Type" on page 1 is marked "Fina   |  |
|---|----------|--|--|
|   |          |  |  |
| 1 | C/OH N   | JAME   | <b>2</b> Filer ID (Ethics Commission Filers)   |
| 3 | SIGNA    |  |  |
|   | l do not | expect any further political contributions or political expenditures in connection with m  |  |
|   |          | ating a report as a final report terminates my campaign treasurer appointment. I also un<br>gn contributions or make any campaign expenditures without a campaign treasurer app  |  |
|   |          | Signatur   | e of Candidate / Officeholder  |
| 4 |          | WHO IS NOT AN OFFICEHOLDER<br>aplete A & B below <i>only</i> if you are not an officeholder. ••  |  |
|   | Α.       | CAMPAIGN FUNDS   |  |
|   | Chec     | k only one:  |  |
|   |          | I do not have unexpended contributions or unexpended interest or income earned fro   | m political contributions.   |
|   |          | I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contribilities final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement | ne earned on political contributions to<br>ontributions and that I may not retain<br>ibutions longer than six years after<br>al contributions and unexpended |
|   | B.       | ASSETS   |  |
|   | Chec     | k only one:  |  |
|   |          | I do not retain assets purchased with political contributions or interest or other income  | e from political contributions.  |
|   |          | I do retain assets purchased with political contributions or interest or other income fro<br>that I may not convert assets purchased with political contributions or interest or othe<br>personal use. I also understand that I must dispose of assets purchased with political<br>requirements of Election Code, § 254.204.   | r income from political contributions to   |
|   |          | S  | ignature of Candidate  |
| 5 |          | EHOLDER<br>aplete 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 d<br>file. I am also aware that I will be required to file reports of unexpended contributions if,<br>an officeholder, I retain political contributions, interest or other income from political con<br>political contributions or interest or other income from political contributions.  | after filing the last required report as   |
|   |          | Sig  | gnature of Officeholder  |

|            |   |                               |      | OFFICE               | USE ONLY             |
|------------|---|-------------------------------|------|----------------------|----------------------|
|            | AFFIDA<br>CANDIDATE OR (<br>ELECTRONIC FIL                          | OFFICEHOLDER:                 |      | Date Received        |                      |
|            | An exemption affidavit must be                                      | submitted with each paper rep | ort. | Data Lland deliveres | l or Date Postmarked |
|            |   |                               |      | Date Hand-delivered  | or Date Postmarked   |
|            | 1, 2024, a candidate or officeho                                    |                               |      | Deceivet #           | A manual (           |
|            | ntributions or made more than<br>nust file all subsequent reports e |                               | res  | Receipt #            | Amount \$            |
|            |   |                               |      | Date Processed       |                      |
| Filer name |   | Filer ID #                    |      | Date Imaged          |                      |

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the \_\_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

| NOTARY STAMP/SEAL  |                                       | Signa              | ture of Fi <b>l</b> er                  |                 |
|--|---------------------------------------|--------------------|---|-----------------|
| Sworn to and subscribed before me by                                       |                                       | this the           | day of                                  |                 |
| 20, to certify which, witness my h   | and and seal of office.               |                    |   |                 |
| Signature of officer administering oath                                    | Printed name of officer administering | oath               | Title of office                         | r administering |
|  | OR                                    |                    |   |                 |
|  | OK                                    |                    |   |                 |
| (2) Unsworn Declaration  | UK                                    |                    |   |                 |
| ( )  | 00000                                 | v date of birth is |   |                 |
| My name is   | , and my                              |                    | e) <sup>'</sup> (zip code) <sup>'</sup> |                 |
| (2) Unsworn Declaration My name is My address is(sti Executed in County, S | , and my, eet), (                     | city) , (stat      | e) <sup>'</sup> (zip code) <sup>'</sup> | (country)       |