

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|--|------------|---------|--|--|------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00081747 | <b>2</b> Total pages filed:<br><br>5                                                       |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                                                                                                                                                                                                                                                                                                                                                                               | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>The Honorable</td> <td style="width: 30%;">FIRST<br/>Danilo</td> <td style="width: 40%;">MI</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME<br/>Danny</td> <td style="width: 30%;">LAST<br/>Lacayo</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>                                                                                                                                                                                 |                                                             | MS / MRS / MR<br>The Honorable                                                             | FIRST<br>Danilo                                     | MI                                                                                                                                                                                               | NICKNAME<br>Danny               | LAST<br>Lacayo                                                                                                                                                                                              | SUFFIX                                      | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>08/27/2025 |                                                            |                                                        |  |            |         |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS / MRS / MR<br>The Honorable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST<br>Danilo                                             | MI                                                                                         |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| NICKNAME<br>Danny                                                                                                                                                                                                                                                                                                                                                                                                                                    | LAST<br>Lacayo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SUFFIX                                                      |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">ADDRESS / PO BOX; APT / SUITE #; CITY;</td> <td style="width: 40%;">ZIP CODE</td> </tr> <tr> <td colspan="2" style="text-align: center; background-color: black; color: white;">                     REDACTED PER 254.0313, GOV'T CODE                 </td> </tr> </table>                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDRESS / PO BOX; APT / SUITE #; CITY;                      | ZIP CODE                                                                                   | REDACTED PER 254.0313, GOV'T CODE                   |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| ADDRESS / PO BOX; APT / SUITE #; CITY;                                                                                                                                                                                                                                                                                                                                                                                                               | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| REDACTED PER 254.0313, GOV'T CODE                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                                                                                                                                                                                                                                                                                                                                                  | <table style="width: 100%;"> <tr> <td style="width: 60%;">ADDRESS / PO BOX; APT / SUITE #; CITY;</td> <td style="width: 40%;">ZIP CODE</td> </tr> <tr> <td colspan="2" style="text-align: center; background-color: black; color: white;">                     REDACTED PER 254.0313, GOV'T CODE                 </td> </tr> </table>                                                                                                                                                                                                                               |                                                             | ADDRESS / PO BOX; APT / SUITE #; CITY;                                                     | ZIP CODE                                            | REDACTED PER 254.0313, GOV'T CODE                                                                                                                                                                |                                 | Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt #                                   | Amount                                                                                   |                                                            |                                                        |  |            |         |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ADDRESS / PO BOX; APT / SUITE #; CITY;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ZIP CODE                                                    |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | REDACTED PER 254.0313, GOV'T CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Receipt #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount                                                      |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>Mrs.</td> <td style="width: 30%;">FIRST<br/>Virginia P.</td> <td style="width: 40%;">MI</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Brown</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MS / MRS / MR<br>Mrs.                                       | FIRST<br>Virginia P.                                                                       | MI                                                  | NICKNAME                                                                                                                                                                                         | LAST<br>Brown                   | SUFFIX                                                                                                                                                                                                      |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| MS / MRS / MR<br>Mrs.                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST<br>Virginia P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MI                                                          |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                             | LAST<br>Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUFFIX                                                      |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <table style="width: 100%;"> <tr> <td style="width: 40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 30%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; background-color: black; color: white;">                     REDACTED PER 254.0313, GOV'T CODE                 </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS (NO PO BOX PLEASE);                          | APT / SUITE #;                                                                             | CITY;                                               | STATE;                                                                                                                                                                                           | ZIP CODE                        | REDACTED PER 254.0313, GOV'T CODE                                                                                                                                                                           |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| STREET ADDRESS (NO PO BOX PLEASE);                                                                                                                                                                                                                                                                                                                                                                                                                   | APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY;                                                       | STATE;                                                                                     | ZIP CODE                                            |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| REDACTED PER 254.0313, GOV'T CODE                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">AREA CODE</td> <td style="width: 30%;">PHONE NUMBER</td> <td style="width: 50%;">EXTENSION</td> </tr> <tr> <td colspan="3">(832) 326-2506</td> </tr> </table>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AREA CODE                                                   | PHONE NUMBER                                                                               | EXTENSION                                           | (832) 326-2506                                                                                                                                                                                   |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                            | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EXTENSION                                                   |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| (832) 326-2506                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <b>8</b> REPORT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                 | <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"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |                                                             |                                                                                            | <input type="checkbox"/> January 15                 | <input type="checkbox"/> 30th day before election                                                                                                                                                | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)                                                                                                                  | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election                                         | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |            |         |  |  |            |
| <input type="checkbox"/> January 15                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> 30th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <input checked="" type="checkbox"/> July 15                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 8th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Exceeded modified reporting limit  | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <b>9</b> PERIOD COVERED                                                                                                                                                                                                                                                                                                                                                                                                                              | <table style="width: 100%;"> <tr> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td>01/01/2025</td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> <td>06/30/2025</td> </tr> </table>                                                                                                                                  |                                                             |                                                                                            | Month                                               | Day                                                                                                                                                                                              | Year                            |                                                                                                                                                                                                             | Month                                       | Day                                                                                      | Year                                                       |                                                        |  | 01/01/2025 | THROUGH |  |  | 06/30/2025 |
| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                | Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Year                                                        |                                                                                            | Month                                               | Day                                                                                                                                                                                              | Year                            |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01/01/2025                                                  | THROUGH                                                                                    |                                                     |                                                                                                                                                                                                  | 06/30/2025                      |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <b>10</b> ELECTION                                                                                                                                                                                                                                                                                                                                                                                                                                   | <table style="width: 100%;"> <tr> <td style="width: 40%;">                     ELECTION DATE<br/>                     Month    Day    Year<br/>                     11/03/2026                 </td> <td style="width: 60%;">                     ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>                                                                |                                                             |                                                                                            | ELECTION DATE<br>Month    Day    Year<br>11/03/2026 | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| ELECTION DATE<br>Month    Day    Year<br>11/03/2026                                                                                                                                                                                                                                                                                                                                                                                                  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                            |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |
| <b>11</b> OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFFICE HELD (if any)<br>Criminal District Court Judge District 182 Harris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | <b>12</b> OFFICE SOUGHT (if known)<br>Criminal District Court Judge District 182nd         |                                                     |                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                             |                                             |                                                                                          |                                                            |                                                        |  |            |         |  |  |            |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 5

|                                                      |                                                           |
|------------------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> Lacayo, Danilo (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00081747 |
|------------------------------------------------------|-----------------------------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |
|                                                                                               | <b>COMMITTEE TYPE</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>COMMITTEE NAME</b>    |
|                                                                                               | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | <b>COMMITTEE ADDRESS</b> |
|                                                                                               | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              |                          |
|                                                                                               | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>                                                                                                                                                                                                                                                                                                                                                       |                          |
|                                                                                               | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                    |                          |

|                                |                                                                                                                                      |    |      |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ | 0.00 |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ | 0.00 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ | 0.00 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ | 0.00 |

**17 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.

\_\_\_\_\_  
The Honorable Danilo Lacayo  
Signature of Candidate or Officeholder

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.

|                                                  |                                                     |                                              |
|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| _____<br>Signature of officer administering oath | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |
|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------|

# SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

3 of 5

|                                                        |                                                                                                             |                                |                            |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Lacayo, Danilo (The Honorable) |                                                                                                             | <b>19 Filer ID</b><br>00081747 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE       |                                                                                                             |                                | SUBTOTAL AMOUNT            |
| 1.                                                     | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                             | 0.00                       |
| 2.                                                     | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 0.00                       |
| 3.                                                     | <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                         | \$                             | 0.00                       |
| 4.                                                     | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)                                         | \$                             | 0.00                       |
| 5.                                                     | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 0.00                       |
| 6.                                                     | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$                             | 0.00                       |
| 7.                                                     | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$                             | 0.00                       |
| 8.                                                     | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                             | 0.00                       |
| 9.                                                     | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 0.00                       |
| 10.                                                    | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.                                                    | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.                                                    | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

## PLEDGED CONTRIBUTIONS (JUDICIAL)

**SCHEDULE B(J)**

|                                                                  |                                                                                      |  |                                                 |                                                                                 |                                              |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                      |  |                                                 | <b>1</b> Total pages Schedule B(J):<br>Sch: 1/1 Rpt: 4/5                        |                                              |
| <b>2</b> FILER NAME<br>Lacayo, Danilo (The Honorable)            |                                                                                      |  |                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081747                        |                                              |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |                                                                                      |  |                                                 |                                                                                 | <b>\$</b> 0.00                               |
| <b>5</b> Date                                                    | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  |                                                 | <b>8</b> Amount of pledge (\$)                                                  | <b>9</b> In-kind description (If applicable) |
|                                                                  | <b>7</b> Pledgor Address; City; State; Zip Code                                      |  |                                                 |                                                                                 |                                              |
|                                                                  |                                                                                      |  |                                                 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                              |
| <b>10</b> Pledgor's principal occupation                         |                                                                                      |  | <b>11</b> Pledgor's job title                   |                                                                                 |                                              |
| <b>12</b> Pledgor's employer/law firm                            |                                                                                      |  | <b>13</b> Law firm of pledgor's spouse (if any) |                                                                                 |                                              |
| <b>14</b> If pledgor is a child, law firm of parent(s) (if any)  |                                                                                      |  |                                                 |                                                                                 |                                              |

# LOANS (JUDICIAL)

## SCHEDULE E(J)

|                                                                         |                                                                         |                                                                                                                 |                           |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|
| The Instruction Guide explains how to complete this form.               |                                                                         | 1 Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/5                                                               |                           |
| 2 FILER NAME<br>Lacayo, Danilo (The Honorable)                          |                                                                         | 3 Filer ID (Ethics Commission Filers)<br>00081747                                                               |                           |
| 4 TOTAL OF UNITEMIZED LOANS                                             |                                                                         | \$ 0.00                                                                                                         |                           |
| 5 Date of loan                                                          | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) |                                                                                                                 | 9 Loan Amount (\$)        |
| 6 Is lender a financial institution?                                    | 8 Lender address; City; State; Zip Code                                 |                                                                                                                 | 10 Interest Rate          |
|                                                                         |                                                                         |                                                                                                                 | 11 Maturity Date          |
| 12 Lender's Principal Occupation                                        |                                                                         | 13 Lender's Job Title                                                                                           |                           |
| 14 Lender's Employer/Law Firm                                           |                                                                         | 15 Law Firm of lender's spouse (if any)                                                                         |                           |
| 16 If lender is child, law firm of parent(s) (if any)                   |                                                                         |                                                                                                                 |                           |
| 17 Description of Collateral<br><input type="checkbox"/> None           |                                                                         | 18 Check if personal funds were deposited into political account<br>(See Instructions) <input type="checkbox"/> |                           |
| 19 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 20 Name of guarantor                                                    |                                                                                                                 | 22 Amount Guaranteed (\$) |
|                                                                         | 21 Guarantor address; City; State; Zip Code                             |                                                                                                                 |                           |
| 23 Guarantor's Principal Occupation                                     |                                                                         | 24 Guarantor's Job Title                                                                                        |                           |
| 25 Guarantor's Employer/Law Firm                                        |                                                                         | 26 Law Firm of guarantor's spouse (if any)                                                                      |                           |
| 27 If guarantor is child, law firm of parent(s) (if any)                |                                                                         |                                                                                                                 |                           |
|                                                                         |                                                                         |                                                                                                                 |                           |