### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

|                                                      | ion Guide explains how to complete this form.  1 Filer II (Ethics C                                                                                                                                              | O<br>Commission Filers) | 2 Total pages filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The SC C/OH Instructi                                |                                                                                                                                                                                                                  | U                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 3 CANDIDATE<br>NAME                                  | MS/MRS/MR MS/MRS/MR MS/MRS/MR                                                                                                                                                                                    | MI                      | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                      | NICKNAME Sepulvedus                                                                                                                                                                                              | SUFFIX                  | Date Received /0-7-2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 4 CANDIDATE<br>ADDRESS                               | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE;                                                                                                                                                                    | ZIP CODE                | STREETH ELECTIONS ADMINISTRATION OF THE PARTY OF THE PART |  |
| Change of Address  5 CANDIDATE PHONE                 | AREA CODE PHONE NUMBER EXTENSI<br>(9574) 735 - 7333                                                                                                                                                              | ON                      | ELECTIONS AOMINIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                      | (956) 735-7333<br>MS/MRS/MR  MICKNAME  NICKNAME  LAST  DILWED                                                                                                                                                    | MI<br>SUFFIX            | Receipt # Posting Posting Receipt # Posting Rece |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STA                                                                                                                                                      | ATE; ZIP CODE           | Date Processed  Date Imaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                     | AREA CODE PHONE NUMBER EXTENS (956) 735-7333                                                                                                                                                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 9 REPORT TYPE                                        | January 15  30th day before convention / election  July 15  Bth day before convention / election                                                                                                                 | <u> </u>                | Runoff Final report (Attach SC C/OH - FR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 10 PERIOD<br>COVERED                                 | Month Day Year  D7 /01 / 2024 THROUGH                                                                                                                                                                            | n .                     | ay Year<br>4 / 30 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 11 CONVENTION /<br>ELECTION<br>DATE                  | Month Day Year 12 OFFICE SOUGH  11 /05 / 2024 County Commissioner                                                                                                                                                | Pe#43                   | STATE CHAIR  COUNTY CHAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 13 POLITICAL.<br>PARTY                               | REPUBLICAN COUNTY (HAPE                                                                                                                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                | THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL CO<br>EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR O.<br>OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC | PHILEHULUEKS NIV        | JULEDUE ON CONCERT. CARDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| OCIVILITY LECOY                                      | COMMITTEE TYPE COMMITTEE NAME  ## Project R                                                                                                                                                                      | ED TX                   | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Additional Pages                                     | SPECIFIC COMMITTEE ADDRESS  WACA STATIO  COMMITTEE CAMPAIGN TREASURER NAME  PATTICL HAM. H                                                                                                                       | -lelo F                 | hypr , Tx 7870/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                      | SIS A Brazos SKH 500                                                                                                                                                                                             | Aust                    | n, Tx 78701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| GO TO PAGE 2                                         |                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

### STATE / COUNTY CHAIR **CAMPAIGN FINANCE REPORT**

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

| 15 CANDIDATE NAME                                                                                                                                                                                                                                                               | ArissA Sepulved 16 Filer 1                                                                                                         | D (Ethics Commission Filers)        |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|
| 17 CONTRIBUTION<br>TOTALS                                                                                                                                                                                                                                                       | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ (15) +7500                       |  |  |  |
|                                                                                                                                                                                                                                                                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                               | \$ (1,750.                          |  |  |  |
| EXPENDITURE<br>TOTALS                                                                                                                                                                                                                                                           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                         | \$                                  |  |  |  |
|                                                                                                                                                                                                                                                                                 | 4. TOTAL POLITICAL EXPENDITURES                                                                                                    | \$ 811.97                           |  |  |  |
| CONTRIBUTION<br>BALANCE                                                                                                                                                                                                                                                         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                 | \$ 8                                |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                                                                                                                                                                                                                                                      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                      | \$ \$                               |  |  |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate  Please complete either option below:                          |                                                                                                                                    |                                     |  |  |  |
| (1) Affidavit                                                                                                                                                                                                                                                                   |                                                                                                                                    |                                     |  |  |  |
| NOTARY STAMP/SE                                                                                                                                                                                                                                                                 | AL                                                                                                                                 |                                     |  |  |  |
| Sworn to and subscribed                                                                                                                                                                                                                                                         | d before me by this the                                                                                                            | day of,                             |  |  |  |
| 20, to certif                                                                                                                                                                                                                                                                   | y which, witness my hand and seal of office.                                                                                       |                                     |  |  |  |
| Signature of officer adminis                                                                                                                                                                                                                                                    | tering oath Printed name of officer administering oath                                                                             | Title of officer administering oath |  |  |  |
|                                                                                                                                                                                                                                                                                 | OR                                                                                                                                 |                                     |  |  |  |
| (2) Unsworn Declaration  My name is   MY 155A Sefu Meda   and my date of birth is   My address is   (street)   (street)   Executed in   County, State of   County, State of   And   (city)   (state)   (zip code)   (country)   And   (city)   (state)   (zip code)   (country) |                                                                                                                                    |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                 | (month)                                                                                                                            | (year)                              |  |  |  |
|                                                                                                                                                                                                                                                                                 | Signature of Candida                                                                                                               | te (Declarant)                      |  |  |  |
| Constructed and but Toyon C                                                                                                                                                                                                                                                     | thice Commission www.ethics.state.tx.us                                                                                            | Revised 1/1/2024                    |  |  |  |

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

### SUBTOTALS - SC C/OH

| 19. | CANDIDATE NAME  Ariss A Sephed  20. Filer ID (Ethics Com                           |                    |
|-----|------------------------------------------------------------------------------------|--------------------|
| 21. | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                             | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 1,750.00        |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                 |
| 4.  | 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 FUNDS                        | \$ 811.97          |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |
|     |                                                                                    |                    |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

| The Instruction Guide explains how to complete this form. |                                                             |             | 1 Total pages Schedule A2:            |                                                                                     |  |
|-----------------------------------------------------------|-------------------------------------------------------------|-------------|---------------------------------------|-------------------------------------------------------------------------------------|--|
| 2 FILER NAME HAVISSA SERVINED                             |                                                             |             | 3 Filer ID (Ethics Commission Filers) |                                                                                     |  |
| 4 TOTAL O                                                 | F UNITEMIZED IN-KIND POLITICAL CONTRIB                      | BUTIONS     | \$                                    |                                                                                     |  |
| 5 Date 6 Full name of contributory out-of-state PAC (ID#: |                                                             |             | Contribution \$ \$ 1,750.000          | In-kind contribution description  Printed  Uatvi  de of Texas. Complete Schedule T. |  |
| 10 Principal occ                                          | supation / Job title (FOR NON-JUDICIAL)(See Instructions)   | 11 Employe  | er (FOR NON-JUDICI                    | AL)(See Instructions)                                                               |  |
| 12 Contributor's                                          | principal occupation (FOR JUDICIAL)                         | 13 Contribu | utor's job title (FOR JU              | JDICIAL) (See Instructions)                                                         |  |
| 14 Contributor's                                          | employer/law firm (FOR JUDICIAL)                            | 15 Law firm | n of contributor's spou               | se (if any) (FOR JUDICIAL)                                                          |  |
| 16 If contributor                                         | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |             | 1 11 11 11 11 11 11                   |                                                                                     |  |
| Date                                                      | Full name of contributor out-of-state PAC (ID#:             |             | Amount of<br>Contribution \$          | In-kind contribution description                                                    |  |
|                                                           | Contributor address; City; State;                           | Zip Code    | Check if travel outsi                 | <br>                                                                                |  |
| Principal occ                                             | cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employ      | er (FOR NON-JUDIC                     | AL)(See Instructions)                                                               |  |
| Contributor's                                             | s principal occupation (FOR JUDICIAL)                       | Contrib     | utor's job title (FOR JU              | JDICIAL) (See Instructions)                                                         |  |
| Contributor's                                             | s employer/law firm (FOR JUDICIAL)                          | Law firr    | n of contributor's spou               | use (if any) (FOR JUDICIAL)                                                         |  |
| tf contributor                                            | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |             |                                       |                                                                                     |  |
|                                                           |                                                             |             |                                       | 6                                                                                   |  |
|                                                           |                                                             |             |                                       |                                                                                     |  |
|                                                           |                                                             |             |                                       |                                                                                     |  |
|                                                           |                                                             |             |                                       |                                                                                     |  |
|                                                           |                                                             |             |                                       |                                                                                     |  |
|                                                           |                                                             |             |                                       |                                                                                     |  |
|                                                           |                                                             |             | IN E AN IERRE                         |                                                                                     |  |
| 1.                                                        | ATTACH ADDITIONAL COPIES OF                                 | THIS SCHED  | ULE AS NEEDED                         |                                                                                     |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

| EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                        |                                                                                                                                            |                                                                                              |      |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Fees Office Ove<br>Food/Beverage Expense Polling Ex<br>By Gift/Awards/Memorials Expense Printing Ex                                        | xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above) | ense |  |  |
| 1 Total pages Schedule G:                                                                                                                                  | 2 FILER NAME MAYISSA SERUNA                                                                                                                | 3 Filer ID (Ethics Commission Filer                                                          | rs)  |  |  |
| 4 Date 8 9 24                                                                                                                                              | 5 Payee name                                                                                                                               |                                                                                              |      |  |  |
| Amount (\$)  1729.  eimbursement from political contributions intended                                                                                     | 7 Payee address;                                                                                                                           | City; State; Zip Code  McAllon Tx                                                            |      |  |  |
| 8 PURPOSE OF EXPENDITURE                                                                                                                                   | (a) Category (See Categories listed at the top of this schedule)  Busys Soda S  (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description  Wath of See E  Check If Austin, TX, officeholder living expense             |      |  |  |
| 9<br>Complete <u>QNLY</u> if direct<br>expenditure to benefit C/OH                                                                                         | Candidate / Officeholder name  Arissa Jaket                                                                                                | Office sought Office held  Office sought Office held                                         |      |  |  |
| 8 10 24                                                                                                                                                    | Payer name H.E.B.                                                                                                                          |                                                                                              |      |  |  |
| Amount (\$) 82.79                                                                                                                                          | Payee address;                                                                                                                             | City; State; Zip Code                                                                        |      |  |  |
| Delmbursement from political contributions intended                                                                                                        | 4031 E. Highway 83                                                                                                                         | The off more (1)                                                                             | 382  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                               | Category (See Categories listed at the top of this selectule)  Soda 5 w p fun  Check if travel outside of Texas. Complete Schedule T.      | Description  MEST + Greef.  Check if Austin, TX, officeholder living expense                 |      |  |  |
| Complete <u>QNLY</u> if direct expenditure to benefit C/0                                                                                                  | Candidate / Offigeholder name  OH  ANSSA  Carle  Candidate / Offigeholder name                                                             | out Commission leff 3                                                                        |      |  |  |
| Date                                                                                                                                                       | Payee name                                                                                                                                 |                                                                                              |      |  |  |
| Amount (\$)                                                                                                                                                | Payee address;                                                                                                                             | City; State; Zip Code                                                                        |      |  |  |
| Reimbursement from political contributions intended                                                                                                        |                                                                                                                                            | T                                                                                            |      |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                               | Category (See Categories listed at the top of this schedule)                                                                               | Description                                                                                  |      |  |  |
|                                                                                                                                                            | Check if travel outside of Texas. Complete Schedule T.                                                                                     | Check if Austin, TX, officeholder living expense                                             |      |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                                                                                                        | Candidate / Officeholder name                                                                                                              | Office sought Office held                                                                    |      |  |  |
|                                                                                                                                                            | ATTACH ADDITIONAL COPIES OF THIS S                                                                                                         | SCHEDULE AS NEEDED                                                                           |      |  |  |



Filer name

/4\ Affidavit

### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

| Date Received         |                         |
|-----------------------|-------------------------|
| Date Hand-deliv       | ered or Date Postmarked |
| Receipt #             | Amount\$                |
| Date Processed        |                         |
| Date Imaged           |                         |
| ntributions o         | or made                 |
| ent records ns to me. | of political            |

OFFICE USE ONLY

 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.

Filer ID #

- 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 whole the report due on the 1 down of the point of the second report due on the second report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

| (1) / 111/14/14                                                 |                                                     |     |
|-----------------------------------------------------------------|-----------------------------------------------------|-----|
| NOTARY STAMP/SEAL                                               | Signature of Filer                                  | #20 |
| Sworn to and subscribed before me by                            | this the day of                                     | -Q  |
| 20, to certify which, witness my hand and seal of office.       |                                                     |     |
| Signature of officer administering oath Printed name of officer | administering oath Title of officer administering o | ath |
| OR                                                              |                                                     |     |
| (2) Unsworn Declaration                                         | 1/2 1/1971/                                         | E.  |
| My name is Ariss A derhed                                       | and my date of birth is Nay 4, 119                  | -   |
| My address is 633 7 Fm 1430 (street)                            | (city) (state) (zip code) (country)                 | -7  |
| 10 10 10                                                        | on the May of Denker, 20 20 (month) (west)          |     |
|                                                                 |                                                     | _   |
|                                                                 | Signature of Filer (Seelarant)                      |     |

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

| The SC C/OH Instruct                                          | ion Guide explains how to complete this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 Filer ID<br>(Ethics Commission Filers) | 2 Total pages filed:                         |  |  |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|--|--|
| 3 CANDIDATE<br>NAME                                           | MS/MRS/MR MS/MR MS/MRS/MR MS/MR  | M1<br>SUFFIX                             | OFFICE USE ONLY  Date Received  JUL 1,5 2024 |  |  |
| 4 CANDIDATE ADDRESS Change of Address                         | ADDRESS / PO BOX; APT / SUITE #; CITY;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STATE; ZIP CODE                          | THE ELECTIONS BORRES                         |  |  |
| 5 CANDIDATE<br>PHONE                                          | AREA CODE PHONE NUMBER  (956) 735-7333  MS/MRS/MR FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EXTENSION                                | Date Office deligned A Date Postmane         |  |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | NICKNAME SLAST LAST SEPULVEDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SUFFIX                                   | Receiped Translation                         |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E Con, The 78582                         |                                              |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | (954) 735-7333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXTENSION                                |                                              |  |  |
| 9 REPORT TYPE                                                 | January 15 30th day before conventional January 15 8th day before conventional January 15 30th day before conventional January |                                          | Runoff Final report (Attach SC C/OH - FR)    |  |  |
| 10 PERIOD<br>COVERED                                          | Month Day Year 8/ /01/2024 THROUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | 0ay Year<br>80 / 2024                        |  |  |
| 11 CONVENTION/<br>ELECTION<br>DATE                            | Month Day Year 12 OFFICE  11 /05/2024 County Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SOUGHT  fef#3  MMISSINER                 | STATE CHAIR  COUNTY CHAIR                    |  |  |
| 13 POLITICAL<br>PARTY                                         | Républican                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DUNTY (If Applicable)                    |                                              |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY PEXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ATE'S OR OFFICEHOLDER'S KN               | <i>owledge or consent</i> . Candidates and   |  |  |
| Additional Pages                                              | COMMITTEE CAMPAIGN TREASURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mi Han                                   | Whin, Tx 78701                               |  |  |
|                                                               | 815 A Brazos Ste#500 thiston TX 78701  GO TO PAGE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                              |  |  |

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

| 15 CANDIDATE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MArissa Sepulveda 16 Filer II                                                                                                                                  | O (Ethics Commission Filers)        |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$ 6                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                           | \$ 4,003.75                         |  |  |  |  |
| EXPENDITURE<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                                                     | \$                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                                                | \$ 1,324.82                         |  |  |  |  |
| CONTRIBUTION<br>BALANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                                             | \$ 7                                |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                                                  | \$                                  |  |  |  |  |
| 18 SIGNATURE I su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | vear, or affirm, under penalty of perjury, that the accompanying report is true and co                                                                         | rrect and includes all information  |  |  |  |  |
| req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uired to be reported by me under Title 15, Election Code.                                                                                                      |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | 7//                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of Car                                                                                                                                               | ndjidale                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | $\mathcal{O}$                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please complete either option below:                                                                                                                           |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                     |  |  |  |  |
| (1) Affidavit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                     |  |  |  |  |
| NOTARY STAMP/SEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                                     |  |  |  |  |
| Sworn to and subscribed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | before me by this the                                                                                                                                          | _ day of,                           |  |  |  |  |
| 20, to certify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | which, witness my hand and seal of office.                                                                                                                     |                                     |  |  |  |  |
| Signature of officer administer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ring oath Printed name of officer administering oath                                                                                                           | Title of officer administering oath |  |  |  |  |
| OR SUPERIOR SECTION OF SUPERIOR SECTION OR SUPERIOR SECTION OF SUP |                                                                                                                                                                |                                     |  |  |  |  |
| (2) Unsworn Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                     |  |  |  |  |
| My name is MANISSA Depulved , and my date of bigth is May 4, 1974.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |                                     |  |  |  |  |
| My address is 6337 Fm 1430 Rio Grande Cin Tk. 78580. US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (street) (city) (slate)                                                                                                                                        | (zip code) (country)                |  |  |  |  |
| Executed in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | County, State of Jeffs on the day of (month)                                                                                                                   | 20 year                             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of Candidate                                                                                                                                         | e (Declarant)                       |  |  |  |  |

### **SUBTOTALS - SC C/OH**

| 19. | CANDIDATE NAME  20. Filer ID (Eth  SCHEDLI E SUBTOTALS                             | nics Commission Filers) |
|-----|------------------------------------------------------------------------------------|-------------------------|
| 21. | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                             | SUBTOTAL<br>AMOUNT      |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                      |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 4,003.75             |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                      |
| 4.  | 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 FUNDS                        | \$ 1,324.8>             |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C           | S/OH \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                      |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                      |
|     |                                                                                    |                         |

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

| The Instruction Guide explains how to complete this form                    | 1 Total pages Schedule A2:                                                                                                                      |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 FILER NAME MArissA Sepulved                                               | 3 Filer ID (Ethics Commission Filers)                                                                                                           |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB                             | UTIONS \$                                                                                                                                       |
| 1108 LAVACA, St 110-610 Austin TX 7                                         | 8 Amount of Sinked Matriales  Zip Code Check if travel outside of Texas. Complete Schedule T.  11 Employer (FOR NON-JUDICIAL)(See Instructions) |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   | II Employer (FOR NON-SODIOIAL)(Gee instituctions)                                                                                               |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                                                                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                                                                     |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                                                                                                                 |
|                                                                             | Amount of Contribution \$ In-kind contribution description  Zip Code  Check if travel outside of Texas. Complete Schedule T.                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)      | Employer (FOR NON-JUDICIAL)(See Instructions)                                                                                                   |
| Contributor's principal occupation (FOR JUDICIAL)                           | Contributor's job title (FOR JUDICIAL) (See Instructions)                                                                                       |
| Contributor's employer/law firm (FOR JUDICIAL)                              | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                                                                        |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |                                                                                                                                                 |
|                                                                             |                                                                                                                                                 |
| ATTACH ADDITIONAL COPIES OF TI                                              | HIS SCHEDULE AS NEEDED                                                                                                                          |

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

| EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                   |                                                     |                                                                                               |                                                    |                                  |                                                                                                                      |                         |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic | F<br>By C                                           | Event Expense<br>Fees<br>Food/Beverage Expense<br>Biff/Awards/Memorials Exp<br>Legal Services | Office O<br>Polling E<br>ense Printing<br>Salaries | Expense<br>/Wages/Contract Labor | Solicitation/Fundrais<br>Transportation Equij<br>Travel In District<br>Travel Out Of Distric<br>Other (enter a categ | oment & Related Expense |
| Credit Card Payment                                                                                                   |                                                     | The Instruction Guide                                                                         | explains how to                                    | complete this form.              |                                                                                                                      |                         |
| 1 Total pages Schedule G:                                                                                             | 2 FILER NAM                                         | MAVISSA                                                                                       | Sepul                                              | red-                             | 3 Filer ID (Ethic                                                                                                    | s Commission Filers)    |
| 4 Date 15 2024                                                                                                        | 5 Payee name                                        | mé Depo:                                                                                      | + /                                                |                                  |                                                                                                                      |                         |
| 6 Amount (\$)<br>/\$303.85                                                                                            | 7 Payee addre                                       | ess;                                                                                          |                                                    | City;                            | State;                                                                                                               | Zip Code                |
| Reimbursement from political contributions intended                                                                   | 120 S.                                              | 117                                                                                           |                                                    | Missi                            |                                                                                                                      | 78572                   |
| 8 PURPOSE OF EXPENDITURE                                                                                              | (a) Category (S                                     | ee Categories listed at the to                                                                |                                                    | (b) Description Supply           | in Syn                                                                                                               | S                       |
|                                                                                                                       | (c) Che                                             | eck if travel outside of Texas. Co                                                            | omplete Schedule T.                                | Check if Austin                  | , TX, officeholder living                                                                                            | expense                 |
| 9 Complete ONLY if direct expenditure to benefit C/OH                                                                 | Candidat<br>MA/j                                    | ss4 Definition                                                                                | de                                                 | Office sought                    | ner Pet#3                                                                                                            | Office held             |
| 1-11-2024                                                                                                             | Payee name                                          | nal Pring                                                                                     | Ling                                               |                                  |                                                                                                                      |                         |
| Amount (\$)  \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                  | Payee address                                       | renton Ste                                                                                    | : 115                                              | McAlla)                          | State;                                                                                                               | Zip Code<br>7850 4      |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                          |                                                     | See Categories listed at the to                                                               |                                                    | Description Sign S               |                                                                                                                      | ,                       |
|                                                                                                                       | Ch                                                  | eck if travel outside of Texas. C                                                             | omplete Schedule T.                                | Check if Austin                  | n, TX, officeholder living                                                                                           | expense                 |
| Complete ONLY if direct expenditure to benefit C/0                                                                    | . //                                                | 1 Officeholder name                                                                           | Vel                                                | Office sought                    | . 7 Siz Pef# 3                                                                                                       | Office held             |
| Date                                                                                                                  | Payee Kame                                          | nAl Prin                                                                                      | Ling                                               | •                                |                                                                                                                      |                         |
| Amount (\$) /62.38                                                                                                    | Payee addre                                         | ess;                                                                                          | ,                                                  | City;                            | State;                                                                                                               | Zip Code                |
| Reimbursement from political contributions intended                                                                   | 1300                                                | Treaton St.                                                                                   | e 115                                              | McAlku                           | 及                                                                                                                    | 78504                   |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                          | Advertis                                            | See Categories listed at the to                                                               | se                                                 | Description .                    | S                                                                                                                    |                         |
|                                                                                                                       |                                                     | eck if travel outside of Texas. Co                                                            | 223                                                |                                  | n, TX, officeholder living                                                                                           | Office held             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                            | 1 /2                                                | SSA Supplier name                                                                             | hed                                                | Oral Commi                       | ssiner Pett                                                                                                          | 3                       |
|                                                                                                                       | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |                                                                                               |                                                    |                                  |                                                                                                                      |                         |



Filer name

(1) Affidavit

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY                        |  |  |  |
|----------------------------------------|--|--|--|
|                                        |  |  |  |
| Date Hand-delivered or Date Postmarked |  |  |  |
| Amount \$                              |  |  |  |
| •                                      |  |  |  |
|                                        |  |  |  |
|                                        |  |  |  |

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.

Filer ID #

- 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 July Servi-Annual 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:

|                                                              | -                                                | Signature of Filer          |                                     |
|--------------------------------------------------------------|--------------------------------------------------|-----------------------------|-------------------------------------|
| NOTARY STAMP/SEAL                                            |                                                  |                             |                                     |
| Sworn to and subscribed before me by                         |                                                  | this the                    | day of,                             |
| 20, to certify which, witness my                             | hand and seal of office.                         |                             |                                     |
| Signature of officer administering oath                      | Printed name of officer administering oath       |                             | Title of officer administering oath |
|                                                              | OR                                               |                             |                                     |
| (2) Unsworn Declaration  My name is A155A  My address is (5) | 420 RD GIAN                                      | te of birth is              | lay 4 1974<br>(zip code) (country)  |
| Executed in Starr County,                                    | street) (city), State of (LL/AS, on the LL/AS da | y of (month) Signature of F | year). (year).                      |
| FILERS WHO ARE                                               | E EXEMPT FROM THE ELECTRONIC                     | FILING REQUI                | REMENT                              |

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

|    | See                                                                                                                         | e CTA Instruction Guide for detailed instructions.                                             | 1 Total pages filed:              |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|--|--|
| 2  | CANDIDATE<br>NAME                                                                                                           | MS / MRS / MR FIRST MI                                                                         | OFFICE USE ONLY                   |  |  |
|    |                                                                                                                             | MRS. MARISSA SEPULVEDA                                                                         | Filer ID                          |  |  |
|    |                                                                                                                             | NICKNAME LAST SUFFIX                                                                           | Date Roselved                     |  |  |
| 3  | CANDIDATE<br>MAILING<br>ADDRESS                                                                                             | ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE  1337 FM 1430 Rio G/Ande City TX  78582 | Date Hand delivered of Postmerkes |  |  |
| 4  | CANDIDATE<br>PHONE                                                                                                          | AREA CODE PHONE NUMBER EXTENSION                                                               | Receipt # Amount \$               |  |  |
|    |                                                                                                                             | (950) 735-733 <sup>3</sup>                                                                     | Date Processed                    |  |  |
| 5  | OFFICE<br>HELD<br>(if any)                                                                                                  |                                                                                                | Date Imaged                       |  |  |
| 6  | OFFICE<br>SOUGHT<br>(if known)                                                                                              | County Commissioner Pot#3                                                                      |                                   |  |  |
| 7  | CAMPAIGN<br>TREASURER<br>NAME                                                                                               | MARIA TUR HE HEMANDER                                                                          | LAST SUFFIX                       |  |  |
| 8  | CAMPAIGN<br>TREASURER<br>STREET<br>ADDRESS                                                                                  | STREET ADDRESS; APT/SUITE #; CITY;                                                             | STATE; ZIP CODE                   |  |  |
| (1 | residence or business)                                                                                                      |                                                                                                | 78582                             |  |  |
| 9  | CAMPAIGN<br>TREASURER                                                                                                       | AREA CODE PHONE NUMBER EXTENSION                                                               |                                   |  |  |
|    | PHONE                                                                                                                       | 950) 978 - 8477                                                                                |                                   |  |  |
| 10 | OCANDIDATE SIGNATURE  I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.                             |                                                                                                |                                   |  |  |
|    | I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.                        |                                                                                                |                                   |  |  |
|    | I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. |                                                                                                |                                   |  |  |
|    | 11/28/23                                                                                                                    |                                                                                                |                                   |  |  |
|    | Signature of Candidate Date Signed                                                                                          |                                                                                                |                                   |  |  |
|    |                                                                                                                             | GO TO PAGE 2                                                                                   |                                   |  |  |

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MRS / MR 3 CANDIDATE / Mt OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX CANDIDATE/ ADDRESS / PO BOX; STATE; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount \$ Receipt # 6 CAMPAIGN 8606 TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN **EXTENSION TREASURER** PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Day Year Description General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

Revised 11/15/2022

| 15 C/OH NAME                                              |                                                                                                                                    | 16 Filer ID (Ethics Commission Filers)   |  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| 17 CONTRIBUTION<br>TOTALS                                 | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 6                                     |  |
| and V. L. Con. Jon. Jon.                                  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                               | \$ 750.00                                |  |
| EXPENDITURE<br>TOTALS                                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                         | \$ Ø                                     |  |
|                                                           | 4. TOTAL POLITICAL EXPENDITURES                                                                                                    | \$ 750.00                                |  |
| CONTRIBUTION<br>BALANCE                                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD                                                      | T DAY \$ Ø                               |  |
| OUTSTANDING<br>LOAN TOTALS                                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD                                          | * THE \$                                 |  |
|                                                           | wear, or affirm, under penalty of perjury, that the accompanying report is true                                                    | and correct and includes all information |  |
| req                                                       | uired to be reported by me under Title 15, Election Code.                                                                          |                                          |  |
|                                                           |                                                                                                                                    | 7                                        |  |
|                                                           | Signature of Ca                                                                                                                    | ndidate or Officeholder                  |  |
|                                                           |                                                                                                                                    |                                          |  |
|                                                           |                                                                                                                                    |                                          |  |
|                                                           | Please complete either option below                                                                                                | r:                                       |  |
|                                                           |                                                                                                                                    |                                          |  |
|                                                           |                                                                                                                                    |                                          |  |
|                                                           |                                                                                                                                    |                                          |  |
| (1) Affidavit                                             |                                                                                                                                    |                                          |  |
|                                                           |                                                                                                                                    |                                          |  |
| NOTARY STAMP/SEAL                                         |                                                                                                                                    |                                          |  |
| Sworn to and subscribed                                   | before me by this the _                                                                                                            | day of,                                  |  |
| 20, to certify which, witness my hand and seal of office. |                                                                                                                                    |                                          |  |
| Signature of officer administer                           | ring oath Printed name of officer administering oath                                                                               | Title of officer administering oath      |  |
| 图图是图片                                                     | OR                                                                                                                                 |                                          |  |
| (2) Unsworn Declaration                                   | on /                                                                                                                               | /                                        |  |
| My name is A                                              | 755A Sephed - , and my date of birth is                                                                                            | May 4 1974                               |  |
| My address is / 03                                        | (street) (city) (s                                                                                                                 | tate) (zip code) (country)               |  |
| Executed in                                               | County State of on the day of                                                                                                      | 20                                       |  |
| -                                                         | (month                                                                                                                             | (year)                                   |  |
|                                                           | Signature of Candid                                                                                                                | ate/Officeholder (Declarant)             |  |
|                                                           |                                                                                                                                    |                                          |  |

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Forms provided by Texas Ethics Commission

### SUBTOTALS - C/OH

| 19 FILER NAME 20 Filer ID (Ethics Commission Filers) |                                                                          |                  |           |  |  |
|------------------------------------------------------|--------------------------------------------------------------------------|------------------|-----------|--|--|
| MARI                                                 |                                                                          |                  |           |  |  |
| 21 SCHEDU<br>NAME O                                  | SUBTOTAL<br>AMOUNT                                                       |                  |           |  |  |
| 1.                                                   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |                  | \$        |  |  |
| 2.                                                   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |                  | \$ 750.00 |  |  |
| 3.                                                   | SCHEDULE B: PLEDGED CONTRIBUTIONS                                        |                  | \$        |  |  |
| 4.                                                   | SCHEDULE E: LOANS                                                        |                  | \$        |  |  |
| 5.                                                   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO               | NTRIBUTIONS      | \$        |  |  |
| 6.                                                   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |                  | \$        |  |  |
| 7.                                                   | \$                                                                       |                  |           |  |  |
| 8.                                                   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |                  | \$        |  |  |
| 9.                                                   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN                | IDS              | \$        |  |  |
| 10.                                                  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A               | BUSINESS OF C/OH | \$        |  |  |
| 11.                                                  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | NTRIBUTIONS      | \$        |  |  |
| 12.                                                  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER | IONS RETURNED    | \$        |  |  |
|                                                      |                                                                          |                  |           |  |  |

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

|                                                                                  | The             | Instruction Guide explains how to complete this for | n.                        | 1 Total pages Schedule A1:            |
|----------------------------------------------------------------------------------|-----------------|-----------------------------------------------------|---------------------------|---------------------------------------|
| 2                                                                                | FILER NAME      | SA SEMILVEDA                                        |                           | 3 Filer ID (Ethics Commission Filers) |
| 4                                                                                | Date            | 5 Full name of contributor out-of-state PAC (ID#:   | )                         | 7 Amount of contribution (\$)         |
|                                                                                  |                 | 6 Contributor address; City; Si                     |                           |                                       |
| 8                                                                                | Principal occu  | pation / Job title (See Instructions)  9            | Employer (See Instruction | ons)                                  |
|                                                                                  | Date            | Full name of contributor out-of-state PAC (ID#;     |                           | Amount of contribution (\$)           |
|                                                                                  |                 | Contributor address; City; S                        | ate; Zip Code             |                                       |
|                                                                                  | Principal occup | ation / Job title (See Instructions)                | Employer (See Instruction | ons)                                  |
|                                                                                  | Date            | Full name of contributor out-of-state PAC (ID#:     | )                         | Amount of contribution (\$)           |
|                                                                                  |                 | Contributor address; City; St                       | ate; Zip Code             |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |                 |                                                     |                           | ons)                                  |
|                                                                                  | Date            | Full name of contributor                            |                           | Amount of contribution (\$)           |
|                                                                                  |                 | Contributor address; City; Si                       | ate; Zip Code             | •                                     |
|                                                                                  | Principal occup | ation / Job title (See Instructions)                | Employer (See Instruction | ons)                                  |
|                                                                                  |                 |                                                     |                           |                                       |
|                                                                                  |                 |                                                     |                           |                                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| If the requested information is not applicable, <b>DO NOT include this page in the report.</b> |                                                            |                                                           |                                                                                |                                                                                  |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| TI                                                                                             | ne Instruction Guide explains how to complete this form    | n.                                                        | 1 Total pages Schedule                                                         | A2:                                                                              |
| 2 FILER NAM                                                                                    | USSA SEPULVEDA                                             |                                                           | 3 Filer ID (Ethics Commi                                                       | ission Filers)                                                                   |
| 4 TOTAL O                                                                                      | F UNITEMIZED IN-KIND POLITICAL CONTRIB                     | BUTIONS                                                   | \$ 750.00                                                                      | •                                                                                |
| 5 Date                                                                                         | Full name of contributor out-of-state PAC (ID#:            | Zip Code                                                  | 8 Amount of South State of Contribution \$   9   9   9   9   9   9   9   9   9 | In-kind contribution description  Candidate  FLEE  f Texas. Complete Schedule T. |
| 10 Principal occ                                                                               | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 1.0                                                       | r (FOR NON-JUDICIAL)                                                           |                                                                                  |
| 12 Contributor's                                                                               | principal occupation (FOR JUDICIAL)                        | 13 Contribu                                               | tor's job title (FOR JUDIC                                                     | CIAL) (See Instructions)                                                         |
| 14 Contributor's                                                                               | employer/law firm (FOR JUDICIAL)                           | 15 Law firm                                               | of contributor's spouse (                                                      | if any) (FOR JUDICIAL)                                                           |
| 16 If contributor                                                                              | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |                                                           |                                                                                |                                                                                  |
| Date                                                                                           | Full name of contributor                                   | )                                                         | Amount of Contribution \$                                                      | In-kind contribution description                                                 |
|                                                                                                | Contributor address; City; State;                          | Zip Code                                                  | Check if travel outside o                                                      | f Texas. Complete Schedule T.                                                    |
| Principal occ                                                                                  | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe                                                   | r (FOR NON-JUDICIAL)(                                                          | (See Instructions)                                                               |
| Contributor's                                                                                  | principal occupation (FOR JUDICIAL)                        | Contributor's job title (FOR JUDICIAL) (See Instructions) |                                                                                |                                                                                  |
| Contributor's                                                                                  | employer/law firm (FOR JUDICIAL)                           | Law firm                                                  | of contributor's spouse (                                                      | if any) (FOR JUDICIAL)                                                           |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                       |                                                            |                                                           |                                                                                |                                                                                  |
|                                                                                                |                                                            |                                                           |                                                                                |                                                                                  |
|                                                                                                |                                                            |                                                           |                                                                                |                                                                                  |
|                                                                                                |                                                            |                                                           |                                                                                |                                                                                  |
|                                                                                                |                                                            |                                                           |                                                                                |                                                                                  |
|                                                                                                |                                                            |                                                           |                                                                                |                                                                                  |

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