CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST D-EI	Camps suffix	Date RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CI 26618 Rain DOW Gran Ruhmond TT 1740		APR 0 7 2017 Superintendent's Office Ft. Bend I.S.D.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 702-7369	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST SAVAN	MI	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST VECGYMPS	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI ZOLE 1 & Rin Bow Core Richmond TX 1740	ante de	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 299-7036	EXTENSION	
9 REPORT TYPE	July 15 Sth day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 / 18 / 2017	TIMOUGH	Day Year 2017
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / C / 17 General	ELECTION TYPE Runoff Other Description Special	· I BOWD
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known) Fort Ben > Trustee por	ISD Board of
	GO ТО Р	PAGE 2	3 10 3 3 3 0 3 10 3 10 3 10 3 10 3 10 3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ago Do	Camos 15 F	iler ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	GENERAL PAGE COMMITTEE NAME SPECIFIC COMMITTEE ADDRESS COMMITTEE ADD			
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME Savah SeCampS COMMITTEE CAMPAIGN TREASURER ADDRESS ZHELY CAMPAIGN GY CANITE DR RUMAND TY THUT			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,600. W	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2, 025			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 575.			
JAYNÉ KEYSER Notary ID # 129006083 My Commission Expires June 2, 2020 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 or Officeholder				
AFFIX NOTARY STAM		by the said Angelo De Camps	, this the 7 ¹	
day of Apr. I		to certify which, witness my hand and seal of office.	, ulis the	
I gre	Cly	Jayne Keyser	Notary	
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,600
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 2,025
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 5 Full name of contributor 3-1-17 SAM & MARYATICA CONVER 6 Contributor address; City: State; Zip Code 5006 Gem DATE of Hasten TATHOR \$1,150.co 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 3-31-17 University Lither Mouer Center Contributor address; City; State; Zip Code 9318 Stella Line RD Hossen H 500,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 3-31-17 VB LAW Contributor address; City; State; Zip Code 5302 La Branch Hasten Th May 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Sem H Contributor address; City; State; Zip Code 5135 Beacom De Missowi CH Turg Amount of contribution (\$) \$ 250.00 Employer (See Instructions) Principal occupation / Job title (See Instructions)

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

į.	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State; Zip Coo	ie	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Contributor	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
- 16	ATTACH ADDITIONAL COPIES OF T		

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 8 Amount 9 In-kind contribution 6 Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date In-kind contribution Amount Full name of pledgor ___ out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution out-of-state PAC (ID#:_ Full name of pledgor Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE E
The	Instruction Guide explains	how to complete this form.	1 Total pages Schedule E:
2 FILER NAME	<u> </u>	Total Rest	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City; State; Zip Code	10 Interest rate 11 Maturity date
Y N 12 Principal occupati	on / Job title (See Instructions)) 13 Employer (See Instructions)
14 Description of Coll	lateral	15 Check if personal funds we account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City; State; Zip Code	
Principal Occupat	tion (See Instructions)	21 Employer (See Instructions	16 1 12 1
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address;	City; State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions	
Description of Coll	ateral	Check if personal funds we account (See Instructions)	re deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
Sec. 10	Guarantor address;	City; State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	2
		DITIONAL COPIES OF THIS SCHEDULE AS please see instruction guide for additional	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

			parties and the second
Total pages Schedule F1:	2 FILER NAME	3 Fi	ler ID (Ethics Commission Filers)
Date 4-6-17 Amount (\$)	5 Payee name H. Uncey R. Taylor Commit 7 Payee address; City; State; Zip Code 952 NASA ANKWAY NSI H	unications uster to moiss	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ASSIGNATION EXPENSE	(b) Description Check if travel outside of 1	Texas. Complete Schedule T. ficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-31-17	DND Printting		
Amount (\$)	Payee address; City; State; Zip Code		
400.00	5710 Brittmoore RD	Suite#1, How	ten A MOUL
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		exas. Complete Schedule T. iceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-4-17-	Payee name Absolutely Fous Y	N edia	
Amount (\$)	Payee address; City; State; Zip Code 4655 Techniplex De:	# 400, staffe	12 17 1747
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisins Explane		exas. Complete Schedule T. ficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		T. T	ransportation Equipment & Related Exper ravel In District ravel Out Of District ther (enter a category not listed above)
	The Instruction Guide explains how to complet	e this form.	
1 Total pages Schedule F4:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CREDIT	CARD \$	
5 Date	6 Payee name		· 2 17 1
7 Amount (\$)	8 Payee address; City; State; Zip Code		- XX 44.7
9 TYPE OF EXPENDITURE	Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office so	ught	Office held
Amount (\$)	Payee address; City; State; Zip Code		
	rayse address, Sity, State, Zip Sode		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office so	ught	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDE	D

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how	o complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) 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/G	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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/0	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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/G	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Business address; Amount (\$) City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State;	Zip Code	8 Amount (\$)
-	7 Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received	olitical contribution i	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if po	plitical contribution r	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if po	olitical contribution re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED	

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

SCHEDULE T

The Instruc	ction Guide explains	how to complete th	nis form.	1 Total pages Schedule T:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Name of Contributor / 0	Corporation or Labor (Organization / Pledgor	/ Payee		
Contribution / Expendit Schedule A2 Schedule F2	ure reported on: Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel	ravel 7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or	name of destination lo	cation		
10 Means of transportation	n 11 Purpo	ose of travel (including	name of conference,	seminar, or other event)	
Name of Contributor / (Corporation or Labor (Organization / Pledgor	/ Payee		
Contribution / Expendit Schedule A2 Schedule F2 Dates of travel	ure reported on: Schedule B Schedule F4 Name of person(s	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel		name of departure loca	tion		
	Destination city or	name of destination lo	eation		
Means of transportation	on Purp	ose of travel (including	name of conference,	seminar, or other event)	
Name of Contributor /	Corporation or Labor (Organization / Pledgor	/ Payee		
Contribution / Expendit Schedule A2 Schedule F2	ure reported on: Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s	s) traveling			
	Departure city or name of departure location				
	Destination city or	name of destination lo	ocation		
Means of transportation	on Purp	ose of travel (including	name of conference,	seminar, or other event)	
		DDITIONAL COPIES			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH1	NAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	ATURE			
	ing a re	ot expect any further political contributions or political expenditures in connection with m report as a final report terminates my campaign treasurer appointment. I also understa outions or make any campaign expenditures without a campaign treasurer appointmen	and that I may not accept any campaign		
		Signate	ure of Candidate / Officeholder		
4		R WHO IS NOT AN OFFICEHOLDER Implete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	ck only one:			
		I do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.		
		I have unexpended contributions or unexpended interest or income earned from porture may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Electrical contributions.	ome earned on political contributions to contributions and that I may not retain ributions longer than six years after filing contributions and unexpended interest or		
	В.	ASSETS			
	Check	k only one:			
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.		
		I do retain assets purchased with political contributions or interest or other income fre that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to		
			Signature of Candidate		
		EHOLDER plete this section <i>only</i> if you are an officeholder ··			
	1	I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an		
		Si	gnature of Officeholder		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR FIRST MOS. LORENA NICKNAME LAST	MI M. SUFFIX	OFFICE USE ONLY Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CO APT / SUITE	CITY; STATE; ZIP CODE R. / Missouri Gity, TX. 44459 EXTENSION	APR 1 7 2017 Superintendent's Office Ft. Bend I.S.D.
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(281) 851-6796 MS/MRS(MR) JUAN NICKNAME DUENAS		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	SAME AS ABOVE	UITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28/) 85/-2926	EXTENSION	
9 REPORT TYPE	January 15 July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2017	THROUGH 03/	31 / 2017
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 06 / 2017 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	PUSTEE Pos. 5
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	LORENA]	DUEÑAS 1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTER SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVED OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS	.'-		
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ -O-		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 549.91		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF UNLESS ITEMIZED		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ - 0 -		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 549.91		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 549.91				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* - O-		
18 AFFIDAVIT					
Notary My C	THERINE ARDON Public, State of Texo ommission Expires lune 19, 2019	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is cormation required to be reported by me		
		Signature of Can	didate or Officeholder		
AFFIX NOTARY STAM	MP/SEALABOVE	1 0			
Sworn to and subso	cribed before me,	by the said Wilhas	, this the		
day of Offil	10	to certify which, witness my hand and seal of office.			
Pat 1	21	Clatherine ardon	Votary Rubic		
Signature of officer	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LORENA DUENAS 7 Amount of contribution (\$) out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

LORENA DUENAS	(Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 549.91
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$ 549.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 549.91
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 549.91
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	vs \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor □ out-of-state PAC (ID#:	J le	8 Amount of 9 In-kind contribution description Contribution \$ description Check if travel outside of Texas. Complete Schedule 1
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	tor'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)		

Forms provided by Texas Ethics Commission www.eth

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:_ description Pledge \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#: 10 Interest rate 6 Is lender 8 Lender address; City; a financial Institution? 11 Maturity date N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION City; Zip Code 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate State; Zip Code Is lender Lender address; City; a financial Institution? Maturity date Y N Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) City; State; Zip Code 8 Payee address; TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME	*	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code			
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	y; State; Zip Code			
	Description of investment				
	Amount of investment (\$)	-			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) DRENA (4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 549.91 5 Date 6 Payee name 8 Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. AdvERTISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH FBISD TRUSTEE POS. 5 Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
Total pages Schedule G:	LORENA DUENAS (SEL	(F)	iler ID (Ethics Commission Filers)
H/03/17	Vista Print		
Amount (\$) 549.9L Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa	s. Complete Schedule T.
EXPENDITURE	ADVERTISING EXPENSES	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name LORENA DUENAS FB	Office sought ISD TRUSTEE F	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa Check if Austin, TX, office	The Control of the Co
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check if travel outside of Texa	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	holder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	le	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside o	f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	e	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.	
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name	7	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	OF Categories.y		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

Revised 9/8/2015

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

SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City;	State; Zip Code	
	7 Purpose for which amount is received	Check if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received	Check if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received	Check if political contribution i	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received	Check if political contribution r	returned to filer
. Dec.	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	-

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

SCHEDULE T

The Instru	ıction Guide explain	s how to complete ti	his form.	1 Total pages Schedule T:	
2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation or Labor	Organization / Pledgor	/ Payee		
5 Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Sched	dule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Sche	edule B-SS
6 Dates of travel	7 Name of person(s) traveling			
	8 Departure city or	name of departure loca	tion		
	9 Destination city o	r name of destination lo	ocation		
10 Means of transportati	on 11 Purp	ose of travel (including	name of conference,	seminar, or other event)	
Name of Contributor /	Corporation or Labor	Organization / Pledgor	/ Payee		
Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Sched	dule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Sche	edule B-SS
Dates of travel	Name of person(s) traveling			
	Departure city or	name of departure loca	tion		
	Destination city o	r name of destination lo	ocation		
Means of transportati	on Purp	ose of travel (including	name of conference,	seminar, or other event)	
Name of Contributor /	Corporation or Labor	Organization / Pledgor	/ Payee		
Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Sched	dule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Sche	edule B-SS
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location				
	Destination city of	name of destination lo	cation		
Means of transportati	on Purp	ose of travel (including	name of conference,	seminar, or other event)	
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	
				50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980) 50 (1980)	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	Ŀ	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGN	ATURE
	ing a re	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Chec	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER
	·· Com	plete this section <i>only</i> if you are an officeholder
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder

RECEIVED

APR 1:9 2017

DEPT. OF LEGAL SERVICES