CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mediansian First Cataken Ann NICKNAME LAST LAMOURCAUX		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT/SUITE#; CITY; 23038 SHAPY FORE Elmendorf, TX 78/1/ AREA CODE PHONE NUMBER (830) 931-7030	STATE; ZIP CODE	Date Hand-delivered Postmark Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year ·
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) ACDERM City	(A) of Sandy Oaks (N.6)
	GO TO PAG		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME		1	5 ACCOUNT # (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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	•.			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 4	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
Notary	ELIA ANGUIANO Public, State of Te commission Expire July 30, 2014	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report information required to be reported by the second of the sec	
AFFIX NOTARY STAN	scribed before		Lainoureaux Recio	
Della day	Inaiu	(2011) DOLLA AMAINANU	my hand and seal of office.	
Signature of officer adm	pinistering path	Printed name of officer administering oath	Title of officer administering oath	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	M8/MRS/MR FIRST CATHLEEN ANN NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN	23038 Shady For Sandy Oaks, TX 3	STATE: ZIPCODE XCS+DC FETENSION MI	Date Hand-delivered or Postmerked Receipt # Amount Date Processed Date Imaged
TREASURER NAME (Catheen Ann NICKNAME LAST Lamoureaux -1	Recio	S SZ
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE); APT/SUITE#, 23038 Shady Sandy Oaks	city; state; Forest I	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(830) 931.7-03C	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year /
11 ELECTION	Month Day Year ELECTION TYPE A COLUMN TYPE A COLU	Runoff	General Special
12 OFFICE	OFFICEHELD (Fany) Alderman	13 OFFICE SOUGHT (if known)	Oaks.
	GO TO PAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME			15 ACCOUNT # (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.				
	COMMITTEE TYPE	Cathen Lamoureaux	-Recio.		
	SPECIFIC	Cathken Lamoureaux COMMITTEE ADDRESS 23038 Shady Forest Scindy Oaks TY COMMITTEE CAMPAIGNTREASURER NAME	+ Dr. 78/17-		
additional pages		COMMITTEE OF MENTON TO STORY OF THE STORY	ex-Recio.		
		23038 Shady Fore Sandy Oaks 7k	78112.		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THANS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N a		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$		
	BELIA ANGUIANO y Public, State of T Commission Expir July 30, 2014	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by CLUC-Planting diddate or Officeholder		
AFFIX NOTARY STAME		Mail Inlance 10 man	seaux Posis		
Sworn to and subs	of	1//	my hand and seal of office.		
Signature of officer admir	MUQIW Distering path	Bella Anguano / Printed name of officer administering oath	Votary Public		
J		. Innect name of onicer administering oath	Title of officer administering oath		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Cathles Lamoureau NICKNAME LAST C Xamoureaux ROCCE	UX-RECIO SUFFIX	OFFICE USE ONLY Date Recei
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT/SUITE#; CITY; 23038 Shady F Elmendoy (Sandy Da AREA CODE PHONE NUMBER (830) 931 2030	STATE: ZIP CODE CLEST OF. Als TX 78/12 EXTENSION	Date Hand-delivered on Postmarked Receipt # Ama Date Processed
PHONE 6 CAMPAIGN TREASURER NAME	(MST)MRS/MR FIRST Cattlela Cer NICKNAME LAST CANQUILLEUX ROLL	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 23038 Shady Elmendoy (San	oity: STATE; Louist (ZIPCODE TX 78112
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830 931, 7630)	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 5th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 6/30/2014 THROUGH	Month Day	2014
11 ELECTION	Month Cay Year Primary	Runoff (General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	an
	GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME		1	5 ACCOUNT # (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 OF 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.			
•	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$50000	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 60.23			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
	Belia Anguiar NOTARY PUBLIC STATE OF TEXAS Comm. Expires 07-30	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by Company Record	
Sworn to and subs	scribed before	me, by the said <u>CAHNON AN A</u> 2+, 20 14 , to certify which, witness m		
Sanature of officer admi	MAULU M nisteding oath	Printed name of officer administering oath	Mo Fary Public Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	er Enn Lamoureaux-Ro	00	3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#_ Sugge Chico / Add 6 Contributor address; City; State; Zip Code 6 38 Contributor	quez	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
ો	Danantonio, TX 78	722/	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Batt		Degree .	<u> </u>	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			1
	Contributor address, City, State, Zip Code			
		Y		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		CONTRIBUTION (4)	description (ii applicable)
			(If travel outside	l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal accur	pation / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	manuchons)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
			contribution (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code			
			(If traval autoide	of Taxas, complete Schedule T\
Principal occup	 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	•			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLED	GED CONTRIBUTIONS			SCHEDULE B
Th	ne Instruction Guide explains how to complete this form.	1	Total pages Sche	dule B:
2 FILER NAM	Elex Lamouriaux Recio	3	ACCOUNT # (Et	hics Commission Filers)
4 TO		D D D	₽	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Instructions) 11 Emp	ployer (See Instru		r roxus, comprote consume ry
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions) Emp	oloyer (See Instru	uctions)	
Date	Full name of pledgor out-of-state PACAD#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; / City; State / Zip Code		 	of Tayon, complete Cabadula T
Principal oc	cupation / Job title (See Instructions)	oloyer (See Instru		of Texas, complete Schedule T)
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions) Em	ployer (See Instr	uctions)	
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
		nlavor (Car Insti		of Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions) Em	ployer (See Instr	uctions)	
	ATTACH ADDITIONAL COPIES OF THIS f contributor is out-of-state PAC, please see instruction of	SCHEDULE AS	NEEDED onal reporting	requirements.

LOANS			SCHEDULE E		
The I	The Instruction Guide explains how to complete this form.				
2 FILER NAME	Lanouraux R	Pecio	3 ACCOUNT # (Ethics Commission Filers)		
4 TOTAI	_ OF UNITEMIZED LOANS: □)	\$ 18677		
5 Date of loan	(Self) Cathleer (Lout-of-state PAG/ID#			
6 Is lender a financial Institution?	8 Lender Iddress; City; State; Z 23038 Shady	Torest Dr.	10 Interest rate		
Y N	Elmendorf (Sand		8112		
Disabled	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	aleral	15 Check if personal funds were	e deposited into political account		
16 GUARANTOR INFORMATION	· · · · · · · · · · · · · · · · · · · 	MCLUX- PLCLO State; Zip Code	19 Amount Guaranteed (\$)		
not applicable	23038 Shady &	Forest Dr. Elin	rendorf, TX 78112		
20 Principal Occupat	on (See Instructions)	21 Employer (See Instructions)	(Jiray (ars)		
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender a financial	Lender address; City; State;		Interest rate		
Institution? Y N			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal funds were	e deposited into political account		
none					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupa	ion (See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NE ruction guide for additional re			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
		ide explains how to complete this	
1 Total pages Schedule F:	2) FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
$\frac{1}{2}$	astreeningo	moureaux-Recio	
4 Date 14	5 Payee name Print		
6 Amount (\$)		State; Zip Code	
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8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising	Carpai	an Lans
9 Complete ONLY if direct	Candidate / Officeholder nar	ne Office sou	ght Office held
expenditure to benefit C/	Cathleeningar	nouveaux lèce le	Wolerman WH.
Date 7/14/2014.	Payee name Seval Cou	nty Election	J
Amount (\$)		State, Zip Code	
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4 /	San Centorio	77 78	
PURPOSE	Category (See categories listed at the		on (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder nan	ne / Office sou	ght on 64 Office held
expenditure to benefit C/	of athler Cinx	Kamoureaux-Rece	a Mill allowman K/K
1 Date 6/30 + 7/8.	Payee name DI Was Cou	enty Parking	: Larage
Amount (\$)	Payee address; City;	State; Zp Code	
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\mathcal{U}	San Cintonle	0,4/	
PURPOSE OF	Category (See categories listed at the	1 1 1 1	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	navel In Des	trick Parks	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	cinquiary-Cla	Office held - V
118/2014	Payee name		
Amount (\$) 29	Payee address; Scity; 3239 You	State; Zip Cogle Q Q C	
01.	Van Centone	0,7%	
PURPOSE	Category (See categories listed at the	top of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE -	trod Beverage	In District Spice	De solies auto Les
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder nar	ne Office sou	ght Office held
expenditure to benefit C	got as compy	amarians-Pilli) Hu Wannan II
	ATTACH ADDITIONAL	. COPIES OF THIS SCHEDULE A	S NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

		RE CATEGORIES I			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		Loan Repayment/Reimb	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundrais Travel In District		Transportation Equipme	The state of the s
Event Expense	Polling Expense	Travel Out Of District		Contributions/Donations Candidate/Officehold	ler/Political Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a catego	
1 000		ide explains how to o			,, not noted above)
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1 Total pages Schedule F:	CURTON CM	Lamoure	rux Plai	3 ACCOUNT # (E	thics Commission Filers)
4 Date 6/30 7/8 7/14 + 7/26	5 Payge name ALCL DEP	ot.			
6 Amount (\$) 09	3142 SEM	State; Zip Code / Litary D	i 1223		
8 PURPOSE	(a) Category (See categories listed at the	e top of this schedule)	(b) Description	(If travel outside of Texas, con	nplete Schedule,T)
OF EXPENDITURE	Pristing Ewpe	nses &	Section S Semple Be	chegliles, Con allots Cama	upara Siens da d
9 Complete ONLY if direct	Candidate / Officeholder nar	 m∉?	Office sought	la Our	Office held Office Sup
expenditure to benefit C/			- Racio	NH (Alde	men
1/1//	- acosem Spring	amounty	- Marie	7 00000	
Date 6/24, 4/30	Payee name	ness			
Amount (\$)	Payee address; City;	State; Zip Code			
41,000	- # 27	, <u> </u>			
11/1/) -	1-11 37	- 1/	0640		
\mathcal{A}	Jan Cinton	$i \mathcal{D} \cdot \mathcal{T} \mathcal{X}$	+8112	•	
PURPOSE	Category (See categories listed at the	e top of this schedule)	, Description ((If travel outside of Texas, con	nplete Schedule T)
OF)	17	7-0-013	the colorest
EXPENDITURE	pavel In	eseries	Las a	Maves D	1 Elections
Complete ONLY if direct	Candidate / Officeholder nar	ne /	Office sought	- Char	Office held
expenditure to benefit C/0	Hathleer (in	Lamourea	ux-Rec	Willdim	an NII
Dete: /	Payee name (
Date	Payee Harrie	B of			
7/11XJUT	Trome de	001			
Amount (\$)	Payee address; City;	State; Zip Code		•	
W 9. T. \	San Catton	2 / X	7822	-3\	
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OF \	XIII A	$\langle \cdot \mid \cdot $	//) 1\)	(A-1) . V	$\langle \chi / \rangle = 1$
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expenditure to benefit C/0	If athleeneined	amoureau	a Kerin	Uldum.	NXA
Date	Payee name				
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Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE	Category (See categories listed at the	e top of this schedule)	Description	(If travel outside of Texas, cor	mplete Schedule T)
OF					
EXPENDITURE	1	<u> </u>			
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	ATTACLLABBITIONS	CODICE OF THE	CHEDINE ACT	NEEDED	
	ATTACH ADDITIONAL	LCOPIES OF THIS S	SCHEDULE AS I	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
	altheen Tamoureaux-Recio
4 Date/ /	5 Rayee name
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7/24/201	xe les my less con
6 Amount (\$)	7 Payee address; City; State; Zip Code
4001.	8722 twe Palms
Reimbursement from political contributions	da . Q . Tai a TV 78747
intended	Vick Central /x 302/2
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Iduatising land land
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Date 7/9, 7/11	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from	0/1 200 /100000 0 2020 1
political contributions intended	Man Centorio TR FOAT
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF /	1 / Postus Sign Board, Markers
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Date /	Payee name Zepties, pers, paper, envelope
7/11/2014. 3	F Home / land
7/11/001/	E / TOME DEPUT
Amount (\$)	Payee address: City, State; Zip Code
307	311 St Millary
Reimbursement from political contributions	1. 0 to 10 tx 28773
intended	The Unione II 7022.
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Siderestra and Comman Vide of Harden Vi
	The wasting expense wood Dilunes for Lygns
Date	Rayee name
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A	Page address. City State. 7'm Code
Amount (\$)	Payee address; City; State; Zip Code
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political contributions	
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PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reir	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundrais		sing Expense		nent & Related Expense
Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distri		rict	Contributions/Donation Candidate/Officeho	ns Made By older/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
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1 Total pages Schedule H:	2 FILER MAME	17			(Ethics Commission Filers)
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4 Date	5 Business name				
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6 Amount (\$)	7 Business address; City; St	ate; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	า (If travel outside of Texas, o	complete Schedule T)
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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 ACCOUNT # (Ethics Commission Filers)					
	Cartley amoureaux	Retw					
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	(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	(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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)					

INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.			Total pages Schedule K:				
2 FILER NAME 3 ACCOUNT # (Et)			hics 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						
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						
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						
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						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-C PAC-E Schedule N COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination logation 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N СОН-Т PAC-C COH-UC Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Lator Organization / Pledgor / Payee Contribution / Expenditure reported or Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T person(s) traveling Name of Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED