FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE / **OFFICEHOLDER** NAME 'Date' Received SUFFIX LAST NICKNAME ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE **OFFICEHOLDER** MAILING. **ADDRESS** 3647 Tuscany Drive San Antonio Texas 78219 Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER 440-2212 PHONE Amount \$ Receipt # MS / MRS / MR MI 6 CAMPAIGN TREASURER Keisha Bradford Date Processed NAME SUFFIX NICKNAME LAST Date Imaged ZIP CODE STATE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN TREASURER **ADDRESS** 9002 Walnut Springs Universal City Tx (Residence or Business) EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE 210 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Mor Year COVERED 05 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description Month Day General Special OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	RNAME	20 Filer ID (Ethics C	ommission Filers)
21 SCH NAN	EDULE SUBTOTALS IE OF SCHEDULE		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 5/10
2. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		S
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	8,373
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s //00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO.	NTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$
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FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTALS TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE \$ TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS \$ TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. \$ LOAN TOTALS 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 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL this the __ day of Sworn to and subscribed before me by , to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath (2) Unsworn Deglaration, west and my date of birth is My name is state) (country) (street) la County, State of Executed in Signature of Candidate/Officeholder (Declarant)

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 form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 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) 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) 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

If the requested inf	ormation is not applicable, DO NOT inclu	ude this page in the report.	
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatons Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Pol Gift/Awards/Mernorials Expense Pri	ice Overhead/Rental Expense Iling Expense Travel In Distric Travel Out Of D Other (enter a ca	
1 Total pages Schedule F1:	1 1		thics Commission Filers)
4 Date 1 33	5 Payee name OMIMU	4lvert	
Amount (S)	7 Payee address; 3407 To	Sylvy (Dr. State;	Zip Code 18319
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas, Complete Schedul	eT. Check if Austin, TX, officeholder I	iving expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
U 7 83	Payee name Tennifel	Longwia	
198439	Payee address;	and Dr State;	Zip Code TL 78213
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholòef name	Office sought	Office held
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Amount (\$)	Payee address;	City; State;	Zip Code
3 800	13614 E	Sloffarde St	1478214
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	CAW VASSING	2
	Check if travel outside of Texas. Complete Schedule		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested info	rmation 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 By Candidate/Officeholder/Political (
Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME ALCIA SUPER 3 Filer ID (Ethics Commission Filers)
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Amount (\$)	7 Payee address;
(000)	125 Amor Street Or 14 7800
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PURPOSE OF EXPENDITURE	WAGES CANUASSING
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Days 19 23	Payer antie
Amquet (\$)	Payee address; City: State; Zip Code Uzle Flibustus TAI Sutt 78220
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought
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Amgunt (S)	3144 E. Commerce Pt SATX DE
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	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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

nformation is not applicable, DO NOT includ	e this page in the re	eport.
EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin ical Committee Legal Services Salarie	Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
	1	3 Filer ID (Ethics Commission Filers)
Huan Julys	DA	
5 Payee name	Drige	
3 IUU E. Com	nelle St	State; Zip Code
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Payee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
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