#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NANCY DR. NAME NICKNAME SUFFIX VERA 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE P.O. BOX 71896 **OFFICEHOLDER** MAILING CORPUS CHRISTI, TEXAS 78467 **ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Dat City Secretary marked OFFICEHOLDER (361)774.2227 PHONE Ámount \$ Receipt # MS /MRS / MR МІ 6 CAMPAIGN TREASURER L. SHARIA Date Processed NAME NICKNAME SUFFIX Date Imaged BYRD STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE STATE: 7 CAMPAIGN 4910 LAKE LIVINGSTON DRIVE TREASURER **ADDRESS** CORPUS CHRISTI, TEXAS 78413 (Residence or Business) PHONE NUMBER AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** PHONE (512) 636,9549 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE CITY COUNCIL AT LARGE NIA THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE CORPUS CHRISTI Am. Fed. of Tohrs Committee on Political Ed. COMMITTEE ADDRESS GENERAL 4455 SPID, STE, 48 CORPUS CHRISTI, TEXAS 78411 Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC MIFLBA CROWDER COMMITTEE CAMPAIGN TREASURER ADDRESS CORPUS CHRISTI, TEXAS 78411

4455 SPID, STE, 48

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

17 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  \$ 3,480.36  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 4,509.09	TEES OF LOANS, OR \$
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  \$ 3,480.36  CONTRIBUTION  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY.	(ONICALET)
TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  \$ 3,480.36  CONTRIBUTION  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY.	ITIONS 5, OR GUARANTEES OF LOANS) \$ 7,989.44
CONTRIBUTION 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY &	EXPENDITURE. \$
1 5 IDIAI POLITICAL CONTRIBUTIONS MAINTAINED AS DE THE LAST DAT 1 A	URES \$ 3,480.36
	s 4509.09
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$	1 4
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.  MARY ANN PENA  ID# 12816380-5 Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026  Please complete either option below:	Many January of Candidate or Officeholder
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Nancy 5. Vera this the 12th day of October	this the 12th day of 000 bec.
20 27 , to certify which, witness my hand and seal of office.  Mary Ann Pena  Signature of officer administering oath  Title of officer administering oath	Pena notary Public
(2) Unsworn Declaration	рк
My name is, and my date of birth is	, and my date of birth is
My address is,,,,	
(street)       (city)       (state)       (zip code)       (country)         Executed in County, State of, on the day of, 20	

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
	NANCY VERA		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONÉTARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 897.35
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <b>Ø</b>
4.	SCHEDULE E: LOANS		\$ Ø
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,480. 36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Ø
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 801.02
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <b>p</b>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ <b>Ø</b>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$ Ø

### 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)
DIZ.	NANCY VERA		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
10.1	HILDA SALAZAR		. –
8 20 22	HILDA SALAZAR  6 Contributor address; City; State; Z 5822 CRESTMORE DR. Corpus CHILISTI,	Zip Code Tx. 78415	# 30.00
8 Principal occu	pation / Job title (See Instructions)  9 Employe	er (See Instruction	ons)
5	ECRETARY		
Date	Full name of contributor		Amount of contribution (\$)
8/30/22	MELBA CRU WOER  Contributor address; City; State; Z	Zip Code	\$ 30.00
·	3101 CRESTWATER DR. CORPUSCHRISTI, T	4.78415	
Principal occup	ation / Job title (See Instructions) Employe	er (See Instruction	ons)
Ri	ETIRED TEACHER		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	JULIE WASHINGTON		
915/22		Zip Code	\$300.00
	Contributor address; State; 23121 Buffalo Spawy. Houston, Tx. 77	1098	
Principal occup	# 820\ pation / Job title (See Instructions) Employe	er (See Instruction	ons)
Ĉ	REGANIZER		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)
	JOSE AND MARCHARET DURAN	/	,,,,
م ا داه	Contributor address; City; State; Z	ip Code	\$ 100.00
9/4/22	4022 CONGRESSIONAL CORAIS CHRISTI, TX.	78413	¥1
Principal occup	pation / Job title (See Instructions) Employe	er (See Instruction	ons)
2			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

If the reques	sted 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	NANCY S. VERA	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/22	5 Full name of contributor out-of-state PAC (ID#:)  Elizabeth Averyt  6 Contributor address; City; State; Zip Code  430 Grant Place Corpus Christi, Tr. 7841	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state_PAC (ID#)	Amount of contribution (\$)
8/25/22	Cynthia Orozco  Contributor address; City; State; Zip Code  P.O.Box 7908 Ruidoso, New Mexico 88355	\$ 200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct $\rho_{rof}$	ions)
Date	Full name of contributor	Amount of contribution (\$)
8/29/22	Corpus Christi AFT COPE  Contributor address; City; State; Zip Code  4455 SPID Ste. 48 Colpus Christi, TX. 78413	\$500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state_PAC (ID#)	Amount of contribution (\$)
8/26/22	Thelma Garcia  Contributor address;  301 E. Madison Aver Harlingen, Tx 78550	\$ 300.00
· A ·	bation / Job title (See Instructions)  Employer (See Instruct  Htd/ney	ions)

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17

SCHEDULE A1

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

,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sted information is not applicable, <b>BO NOT III</b>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Dr. N	ancy Vera		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
9/10/22	Jeanne Adams 6 Contributor address; 215 Louisiana Av. Corpus Chris	State; Zip Code Fi, Îr.78404	\$40.00
8 Principal occu	pation / Job title (See Instructions)  Re +.	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
9/9/22	Eduardo Canales  Contributor address; 7021 Bevington Dr. Corpus Cha	State; Zip Code Vish, Tr. 78413	\$ 850.00
Principal occu	Ref.	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/8/22	Becky Moeller  Contributor address;  7217 Sparkle Sea Corpus Christi,  Unit Ee	State; Zip Code Ty 78412	\$75.00
Principal occup	dation / 500 title (See instructions)	Employer (See Instructi	ons)
	RET. UNION LEADER		
Date		(ID#)	Amount of contribution (\$)
9/13/22	JUSTIN TULLIUS  Contributor address; City;  3101 M Ardle Rd. Colpus Chris	State; Zip Code	\$ 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
AT	TORNEY		

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#### 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 DR. N	ANCY VERA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC  TIM TONES  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
	19334 Water Maple Dr. TAMPA,	FL. 33071	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	_	(ID#)	Amount of contribution (\$)
9/15/22	NATALLE TONES  Contributor address; City;		\$ 200.00
	19334 Water Maple Dr. TAMP	4,FL. 33647	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/15/22	Contributor address; City; 1401 NEW YURK AVE NE	State; Zip Code	# 200.00
	WASHWGTO	N. D.C. 20002	
Principal occup	N/A	Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/15/22	Contributor address; 336 E. New York Av. DeLana # 3433	State; Zip Code 1, FL. 32724	\$ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
,			

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### 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)
DR.	NANCY VEIZA	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  CYSTAL WILSON- MUIZPHY	7 Amount of contribution (\$) \$\mathbb{E} 200.00
9/15/22	Crystal Wilson-Mul2PHY  6 Contributor address; City; State; Zip Code  4350 Ashton Oaks Ct.  High Point, NC 27265  pation / Job title (See Instructions)  9 Employer (See Instructions)	
	HIGH PUNCT, NO DIES	ii a a a l
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
9/15/22	Contributor address; City; State; Zip Code 6350 W. MACLAURIN DI2.	\$500.00
	6350 W. MACLAURIN DIZ. TAMPA, FL. 33647	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
	SUCIAL WORKER	
Date	Full name of contributor	Amount of contribution (\$)
9/20/22	CLURIA HICKS  Contributor address; City; State; Zip Code 5226 GREEN BRIANZ CORPUS CHRISTI, Ty. 78415	\$ 500.00
	pation / Job title (See Instructions)  Employer (See Instructions)	
	NIR	
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)
9/24/22	Contributor address; City: State: Zip Code 1017 Div Mede St. Portland, Ty. 78374	\$ 100.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
	·	

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#### 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 DR.	NANCY VERA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  DR. + MVS. TONY DIAZ  6 Contributor address; City; State; Zip Code  LO41 OSO PARKWAY COORS CHIUST, Tx. 78414	7 Amount of contribution (\$)
110.110.	6 Contributor address; City: State; 210 Code 6 Contributor address; City: State; 210 Code 6 Colors CH21571, Tx. 78414	
8 Principal occu	Pation / Job title (See Instructions)  9 Employer (See Instructions)  RET. EDUCATOR	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/3/22	THERESA PRESTON-WEIZNER  Contributor address; City; State; Zip Code  325 Upper Toyon Dr. Ross, California 94957	\$ 2,000.00
·	325 Upper Toyon Dr. Ross, California 94957	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/1/22	BRANDON MARKS  Contributor address; City; State; Zip Code  319 Roselsud Ava. Corpus Christi, Tx. 78404	\$ 50.00
	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/28/22	PAOLA EISTER  Contributor address; City; State; Zip Code  5 Maritime Way EAST HAMPTON, 11937  # 19 F NY	\$2.39
Principal occu	pation / Job title (See Instructions)  MIA  Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

. . . . . . . . . .

## SCHEDULE A2

If the requ	uested information is not applicable, DO NOT include	de this page	in the report.	
Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	NAWCY VERA		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1,005.	35
5 Date	6 Full name of contributor out-of-state PAC (ID#:  5 haria Byrd		8 Amount of Contribution \$	9 In-kind contribution description
8/26	7 Contributor address; City; State; 4910 Lake Livingston Dv. Corpus Christ		\$\frac{1}{2}\cdot \frac{1}{2}\cdot \frac	TSHRTS  de of Texas. Complete Schedule T.
A.A.	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	······································
12 Contributor's	s principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	e (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 Contribution \$	In-kind contribution description
826/22	Contributor address; City; State; 4405 Carlton St. Corpus Christi, TX.	Zip Code <b>78</b> 415	801.02	<b>5 igns</b> le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Colpus C	er (FOR NON-JUDICIA Aristi Am. Fe	o. of TEACHERS
	s principal occupation (FOR JUDICIAL)  N/A	Contribu	itor's job title (FOR JUI	OICIAL) (See Instructions)
	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDU	JLE AS NEEDED	

## PLEDGED CONTRIBUTIONS



### SCHEDULE B

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule B:
2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta	ate; Zip Code		, 
				Check if travel outs	ide of Texas. Complete Schedule
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
•	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outs	I I . ide of Texas, Complete Schedule∃
	Principal occup	eation / Job title (See Instructions)	Employer (See		
				772	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		 
				Check if travel outs	t   ide of Texas. Complete Schedule
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		
				Check if travel outs	    ide of Texas. Complete Schedule
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

LOANS NK

### SCHEDULE E

If the requeste	ed information is not applicable, <b>DO N</b> 0	OT include this page in the re	eport.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS	:	\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
ΥN			
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	J
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	:		
Principal Occupal	ion (See Instructions)	Employer (See Instructions)	
27 1	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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 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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DR. NANCY VERA	3 Filer ID (Ethics Commission Filers)
4 Date 8 19 2V	5 Payee name  C, TY OF COAPUS CHRISTI  7 Payee address:	Corpus Christi, Tx.
6 Amount (\$)	and the same st	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
8/22/22	UNITED STATES Postal Serv	rice (PORTAIRS)
Amount (\$)	Payee address;	City; State; Zip Code
\$83.00	4213 S. PORT AVENUE C	orpus CHRISTI, Tx. 78415
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	FEES	P.O.BOX
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date "\	Payee name	
Amount (\$)	Payee address;	City; State Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
		<u> </u>
Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Office older name	Office sought Office held

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 6 Candidate/Officeholder/Politic Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
,	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F1:	Dr. Nancy Vera		3 Filer ID (Ethics Commission Filers)
9 6 22	Office Depot/Office May		
6 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; 5425 SPID	Corpus Christi	State; Zip Code , Ty. 78411
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description	
PURPOSE OF EXPENDITURE	Office Overhead.	Posteards	ſ
	(c) Check if travel outside of Texas. Complete Scheo	dule T. Check if Austir	ı, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/9/22	Fast Signs		
Amount (\$)	Payee address; 1220 Airline Rd. Comm # 170	us Christi, Tx.	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheol  Advertising Expense	Description  Car Magn	ets
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/9/22	Harbor City Ink		
Amount (\$) 84.25	Harbor City Ink  Payee address;  5801 5. Staples St.	Mpus Christi, Tx	State; Zip Code 78413
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sched	Description Shi/t3	
	Check if travel outside of Texas, Complete Schedu	ule 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 NEED	DED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME DR. NAWCY VERA 3085 5 Payee name SIGNS ON THE CITEAD 8/26/22 7 Payee address; City; State: Zip Code 6 Amount (\$) 11525 A STONE HOLLOW DR Austin, Tx. 78758 \$ 693.02 STE. 100 (a) Category (See Categories listed at the top of this schedule) (b) Description Political Signs **PURPOSE** OF PRINTING EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 9/1/22 TARGET Zip Code Payee address; Amount (\$) Corpus Christi, Tx. 78411 5425 SPID \$29.21 Category (See Categories listed at the top of this schedule) Description LABELS BASKETS **PURPOSE** OFFICE OVERHEAD OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date HARBOR CITY, INC. Payee address; State: Zip Code Amount (\$) Corpus Christi 78413 5801 S. Staples 168.25 Category (See Categories listed at the top of this schedule) Description **PURPOSE** T-SHIRTS EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Polling Expense Travel In District Travel Out Of District Out Of Dis				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 055	PR. NANCY VERA		0	
4 Date	5 Payee name			
9/28/22	OFFICE DEPOT	Cibr	State; Zip Code	
6 Amount (\$)  \$\\\ 56.70	7 Payee address; 5425 SPID	Corpus Christi	78411	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	CARDS/ PriNTING	CARDS		
	(c) Check if travel outside of Texas. Complete Schero	dule T. Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/28/22	OFFICE DEPOT		,	
Amount (\$)	Payee address;	City;	State; Zip Code	
34.85	5425 SPIP	Corpus Christ	-i, Tx. 78411	
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE OF EXPENDITURE	CARDS PRINTING	CARI	0\$	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9123	Arrow Signs			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 1576.39	1343 S. Staples	Corpus Chris	TIN, TX 78404	
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE OF EXPENDITURE	PRINTING	SIGNS		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED	

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DR. NANCY VERA 5 Payee name Home Depot 7 Payee address; 4038 S. Part Arc. City; State: Zip Code 6 Amount (\$) Capus awisti, Tx. 78415 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advertising Expense POSTS OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Complete ONLY if direct Candidate / Officeholder name sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder ing expense

Complete ONLY if direct expenditure to benefit C/OH Office sought

Candidate / Officeholder name

Office held

## **UNPAID INCURRED OBLIGATIONS**



## SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Book Candidate/Officeholder/Politica		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)
	The Instruction Guide explair	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NE	EEDED

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

NIA

### SCHEDULE F3

	TI	ne 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; City	r; 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	; State; Zip Code		
		Description of investment			
		Amount of investment (\$)			
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD NAME AND ADDRESS MADE BY CREDIT CARD NAME BY CRED BY CRE

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

1 Total pages Schedule F4:	The Instruction Guide explains how  2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
1 Total pages defiedule 14.			O THE TE (Eulise s	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political No	on-Political		
10	(a) Category (See Categories listed at the top of this schedul	e) (b) Description		
PURPOSE OF Expenditure	<del>-</del>			
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if A	austin, TX, officeholder living	expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	eld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political N	on-Political		
PURPOSE OF	Category (See Categories listed at the top of this schedu	le) Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedul	eT Check if i	Austin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
			······································	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credil Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Dr. Namy Vera	,	3 Filer ID (Ethics Commission Filers)
4 Date 8 212	5 Payee name Hrost Banlc		
6 Amount (\$)  25.00  Reimbursement from political contributions intended	7 Payee address; 3801 S. Alameda Coip	ons Christe, Tr.	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this sch	(b) Description  Bank Ac	st. Fee
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8   22   27	United States Postal Se	rvice PurtAirs	
Amount (\$)  83.00  Reimbursement from political contributions intended	Payee address; 4213 S. Port Av. Corpu	s Christi, Tx. 7	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the lop of this sca	Post Off	ice Box
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
8   26   27	Sims with theap		
Amount (\$) 493. 87 Reimbursement from political contributions intended	11525 A Stanehollow Dr. Ste. 100	Austin, Tk. 78	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Signs	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

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

SCHEDULE H

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category	noclisted above)		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics 0	Commission Filers)		
1 Date	5 Business name		<u> </u>			
5 Amount (\$)	7 Business address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	0	ffice held		
Date	Business name					
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description				
EXPENDITURE	Check if travel outside of Texas Complete Schedule T	Check if Austin	TX, afficeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	0	ffice held		
Date	Business name					
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	ffice held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.		
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	ommission 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 required.)	ninstructions regarding type o	f information
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 o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information
Date	Payee name			Pr.
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	lule K:
2 FILER NAME		3 Filer ID (Ethics	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; Stat	e; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution r	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution re	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	political contribution re	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution re	aturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

### SCHEDULE T

in the requested information is not applicable, be Not include this page in the report.					
The Instruction Guide explains how to complete this 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 C	organization / Pledg	or / Payee	
5 Contribution / Expend	diture renorter	d on:			
		edule B		[]	
Schedule A2 Schedule F2		edule F4	Schedule B(	J) Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name o	f person(s)	traveling		
	8 Departu	re city or n	ame of departure lo	cation	
	9 Destinat	ion city or	name of destination	location	
10 Means of transportat	ion	11 Purpo	se of travel (includi	ng name of conference	e, seminar, or other event)
					·
Name of Contributor	/ Corporation	or Labor O	rganization / Pledg	or / Payee	
Contribution / Expend	liture reported	d on:			
Schedule A2	Sche	edule B	Schedule B(J	) Schedule C2	Schedule D Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	Schedule D Schedule F1  Schedule COH-UC Schedule B-SS
Dates of travel					
	Departu	re city or na	ame of departure lo	cation	
	Destinat	ion city or i	name of destination	location	
Means of transportat	ion	Purpo	se of travel (includi	ng name of conference	e, seminar, or other event)
Name of Contributor /	Corporation	or Labor O	rganization / Pledge	or / Payee	700
Contribution / Expend	liture reported	l on:			•
Schedule A2	Schedu	-	Schedule B(J)	Schedule C2	
Schedule F2	Schedu	_	Schedule G	Schedule H	Schedule D Schedule F1  Schedule COH-UC Schedule B-SS
Dates of travel	Name o	person(s)	traveling		
	Departu	re city or no	ame of departure lo	cation	
	Departu	e city of the	ame of departure to	Sation	
	Destinat	ion city or t	name of destination	location	V
Means of transportati	ion	Purpo	se of travel (includin	ng name of conference	e, seminar, or other event)
	Α٦	TACH AD	DITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED

# 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/OH N	NAME 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	ATURE					
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER  nplete 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.					
	B.	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	OFFIC	EHOLDER					
	•• Com	plete this section only 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					