

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

CSO REC'D
APR 6 '23 PM5:27

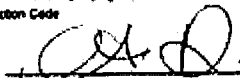
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form.		1. For X's (Show Commission Filing)	2. Total pages filed
3. CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MS	FIRST	LN
	MIDDLE NAME	LAST	SUFFIX
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OFFICE USE ONLY	
4249 Summersweet Lane Crowley Tx 76036		Date Received	
5. CANDIDATE / OFFICEHOLDER PHONE		Date Hand Delivered or Date Postmarked	
(817) 944-9965		Receipt #	
6. CAMPAIGN TREASURER NAME		Amount \$	
Gabiela Cedillo		Date Postmarked	
7. CAMPAIGN TREASURER ADDRESS		Date Imaged	
6704 Victoria Ave NRH TX 76180			
8. CAMPAIGN TREASURER PHONE			
(817) 817-526-9182			
9. REPORT TYPE			
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officer/Member Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 60th day before election <input type="checkbox"/> Extended Modified Reporting Limit <input type="checkbox"/> Final Report (After C/OH Filing)			
10. PERIOD COVERED			
Month Day Year THROUGH Month Day Year 1 / 1 / 23 THROUGH 3 / 27 / 23			
11. ELECTION			
ELECTION DATE: Month Day Year ELECTION TYPE: Primary Runoff Other / Description 5 / 6 / 23 General Special			
12. OFFICE		13. OFFICE BOUGHT # (None)	
OFFICE HELD # (None)		City Council District 6	
14. NOTICE FROM POLITICAL COMMITTEE(S)			
THIS AREA 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

16 C/OH NAME Itala De La Cruz		18 Filer ID (Election Commission Form)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGED LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10,453.26
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,747.84
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	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	\$

19 SIGNATURE 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

Please complete either option below:

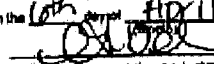
(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20_____, to certify which, enters my hand and seal of office

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

(2) Affidavit Declaration

My name is Italia De la Cruz and my date of birth is 7-11-82
My address is 4249 Summersweet Lane Crowley TX 76036 USA
(city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 10th day of April, 2022
(year) (month) (day) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

18 FILER NAME Gabriela Cedillo		20 Filer ID (E-Poll Commission Filer)
31 SCHEDULE SUBTOTAL # NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,453.26
2 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3 SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4 SCHEDULE E: LOANS		\$
5 <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8,747.84
6 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9 <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 4,354.02
10 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 Filr ID (State Commission Form)
4 Date	5 Full name of contributor out of state PAC FOR 6 Contributor address City State Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date	Full name of contributor out of state PAC FOR Contributor address City State Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor out of state PAC FOR Contributor address City State Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor out of state PAC FOR Contributor address City State Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The instruction booklet explains how to complete this form		1 Total pages Schedule A2	
2 FILER NAME		3 Filer ID (Ethics Commission Form)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			
6 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC FOR	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address City State Zip Code		Check if level outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC FOR	Amount of Contribution \$	In-kind contribution description
Contributor address City State Zip Code		Check if level outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B	
2 FILER NAME		3 Filer ID (Print Commission Filer)	
4 TOTAL OF UNITEMIZED PLEDGES		5	
6 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC job	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address City State Zip Code		Check if trust outside of Texas Complete Schedule T	
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC job	Amount of Pledge \$	In-kind contribution description
Pledgor address City State Zip Code		Check if trust outside of Texas Complete Schedule T	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC job	Amount of Pledge \$	In-kind contribution description
Pledgor address City State Zip Code		Check if trust outside of Texas Complete Schedule T	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC job	Amount of Pledge \$	In-kind contribution description
Pledgor address City State Zip Code		Check if trust outside of Texas Complete Schedule T	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

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 E
2 FILER NAME		3 Prior ID (From Commission Form)
4 TOTAL OF UNITEMIZED LOANS		\$
4 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC job	8 Loan Amount (d)
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address, City, State, Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of collateral name		15 Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <small>not applicable</small>	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (E)
20 Principal Occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC job	Loan Amount (B)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address, City, State, Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of collateral name		Check if personal funds were deposited into political account (See instructions)
GUARANTOR INFORMATION <small>not applicable</small>	Name of guarantor Guarantor address, City, State, Zip Code	Amount Guaranteed (F)
Principal Occupation (See instructions)		Employer (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.

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	Food Expense	Loan Repayment/Interest Payment	Subsidy/Grant/Allowance Expense
Accounting/Printing	Fuel	Office/Postage/Travel Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel/Out of State
Contributions/Charitable/State Fee	Gift/Benefit/Entertainment Expense	Publicity Expense	Travel/Out of State
Contributions/Charitable/Political Committee	Legal Services	Substance Abuse/Control Center	Travel/Out of State (Other than a category not listed above)
Cost of Mail			

The instructions apply to this form.

1 Total pages Schedule F1		2 PAYER NAME		3 Filer ID (Election Commission F form)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address City State Zip Code			
8 PURPOSE OF EXPENDITURE	8a Category (Use Categories listed at the top of this schedule)		8b Description		
	9a Check if non-subject of Form Campaign Schedule 1		9b Check if Section 1A, officeholder being supported		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address City State Zip Code			
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule)		Description		
	9a Check if non-subject of Form Campaign Schedule 1		9b Check if Section 1A, officeholder being supported		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address City State Zip Code			
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule)		Description		
	9a Check if non-subject of Form Campaign Schedule 1		9b Check if Section 1A, officeholder being supported		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Fund Raising	Law Expenses/Retirement	Auto/Travel/Printing Expense
Accounting/Bookkeeping	Fees	Office Overhead/Travel Expense	Franchising/Equipment/Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel in General
Contributions/Charitable, Make Good	Gifts/Entertainment Expense	Publicity Expense	Travel Out of District
Construction/Alteration/Repair/Construction	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2	2 FILER NAME	3 Filer ID (State Commission Filer)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		5
6 Date	6 Payee name	
7 Amount (\$)	8 Payee address	9 City, State, Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule)	(b) Description
	Check if beneficiary of item Complete Schedule 1 Check if Audit 72, attachable item expense	
11 Candidate/CEA if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address	City, State, Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule)	Description
	Check if beneficiary of item Complete Schedule 1 Check if Audit 72, attachable item expense	
Candidate/CEA if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX (a)

Advertising Expense	Fuel Expense	Loan Repayment/Finance Payment	Subscriptions/Printing Expense
Accounting/Bookkeeping	Fares	Office (Telephone/Fax) Expense	Transportation Equipment & Related Expense
Conferences Expense	Food/Beverage Expense	Printing Expense	Travel in Charge
Construction/Transportation Motor Vehicle	Gifts/Entertainment Expense	Printing Expense	Travel Out Of District
Caribbean/Visitation/Political Committee	Legal Services	Automotive/Lease/Contract/Other	Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Start page: Schedule F4	2 FILER NAME	3 Filer ID (State Commission Panel)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		5
6 Date	6 Payee name	
7 Amount (\$)	8 Payee address City, State Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of the schedule)	(b) Description
	Check if from outside of Texas Complete Schedule F Check if from TX, otherwise bring receipts	
11 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address City, State Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of the schedule)	Description
	Check if from outside of Texas Complete Schedule F Check if from TX, otherwise bring receipts	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Expenditures Made By Candidate/Officeholder/Political Committee Cash Card Payment	Travel Expense Fees Food/Beverage Expense Club Assembly/Recreation Expense Legal Services	Loan Repayment/Interest/Amortize Office/Outfit/Additional Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	Subsidiary/Printing Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form

1 Total pages Schedule G		2 FILER NAME		3 Filer ID: (Estate Commission Filer)	
4 Date		5 Payee name			
6 Amount (\$) <small>Reimbursement from political contributions permitted</small>		7 Payee address City, State, Zip Code			
8 PURPOSE OF EXPENDITURE	8(a) Category (See Categories listed at the top of this schedule)		8(b) Description		
	9(a) <small>Check if report outside of Texas. Complete Schedule T</small>		9(b) <small>Check if Austin, TX, officeholder living expense</small>		
9 Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) <small>Reimbursement from political contributions permitted</small>		Payee address City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	9(a) <small>Check if report outside of Texas. Complete Schedule T</small>		9(b) <small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) <small>Reimbursement from political contributions permitted</small>		Payee address City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	9(a) <small>Check if report outside of Texas. Complete Schedule T</small>		9(b) <small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held					

**PAYMENT MADE FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF CIOH**

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 6(A)

Advertising Expense	Travel Expense	Legal Expenses (Attorney's fees)	Artistic/entertainment expense
Accounting/Banking	Fuel	Office Supplies/Postage Expense	Transportation (Automobile & Travel) Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel in District
Contributions/Incentives Made By	Gifts/Entertainment Expense	Printing Expense	Travel Out of District
Candidate/Officeholder's Public Computer	Legal Services	Substance Abuse/Control Labor	Other (List in category not listed above)
Loan Loss Reserve			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H	2 FILER NAME	3 Filer ID# (Election Commission Filer)
4 Date	5 Business name	
6 Amount (\$)	7 Business address	City State Zip Code
8 PURPOSE OF EXPENDITURE	8(a) Category (Use Categories listed at the top of this schedule)	8(b) Description
	<input type="checkbox"/> Check if used outside of Texas Campaign Statute 1 <input type="checkbox"/> Check if Austin TX, officeholder being assisted	
9 Complete ONLY if direct expenditure to benefit CIOH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address	City State Zip Code
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if used outside of Texas Campaign Statute 1 <input type="checkbox"/> Check if Austin TX, officeholder being assisted	
Complete ONLY if direct expenditure to benefit CIOH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address	City State Zip Code
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if used outside of Texas Campaign Statute 1 <input type="checkbox"/> Check if Austin TX, officeholder being assisted	
Complete ONLY if direct expenditure to benefit CIOH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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 T:
2 FILER NAME		3 Pfilr ID (Political Committee Pfilr)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(L) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule O <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COM-UC <input type="checkbox"/> Schedule S-99		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(L) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule O <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COM-UC <input type="checkbox"/> Schedule S-99		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(L) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule O <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COM-UC <input type="checkbox"/> Schedule S-99		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K
2 FILER NAME		3 Filer ID (Ethen Commission Filer)
4 Date	5 Name of person from whom amount is received	6 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 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE 1

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 1	2 FILER NAME	3 Filer ID (Election Commission Filer)
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)
	Date Payee name	
Amount (\$)	Payee address	City State Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3)	
2 Filer Name		3 Filer ID (Other Committee Filer)	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased City 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			

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