CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	MI	OFFICE USE ONLY
NAME	Im. Julia	Perez	Date Received
	NICKNAME LAST	SUFFIX	1
	Atlanson	h	BISD
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Received 4:50
OFFICEHOLDER MAILING	5226 Kensms	ston-Lave	JUL 17 2017 Cap
ADDRESS	Brownsville,		0
Change of Address	Drownsville,	11 10000	Office of the Chief Financial Officer
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(956) 499-3600		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MBS / MR FIRST	Dage	Receipt # Amount \$
NAME	Im. Prisci	ROCA	Date Processed
	NICKNAME TIDEM	SUPPIA	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY: STATE:	ZIP CODE
TREASURER ADDRESS	1484 Sunshin	ne Road	
(Residence or Business)			
	Brownsville,	1X78521	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(OCT) 26-6 14111	la	
	1956 266-444	17	
9 REPORT TYPE			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment
	July 15 Bih day before el		(Officeholder Only)
	July 15 8th day before el	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1/16/2017	THROUGH	15/2017
			15 6 617
11 ELECTION	ELECTION DATE	ELECTION TYPE	:
	Month Day Year Primary	Description	
	11 /8 /2016 St General	Special BI	SP
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known	n)
	BISD Board of Trustees, Place	. NA	
	Tructor Plane	#7 W	
	IT NO LUCY, I TALL!		
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Dr. Sul	via P. AHCINSON 15 FI	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDI	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT SENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 60
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24.40
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$
,	4. TOTAL I	POLITICAL EXPENDITURES	\$ 1812.W
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 100.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 100.00 \$ 6,980.16
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder			
AFFIX NOTARY STAM			
Sworn to and subsc		y the said 54 Via P. HKinson o certify which, witness my hand and seal of office.	_, this the July
Signature of officer a	R. Och	Belinda R Ochoa	No tary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Dr. Sylvia P. AHKINSUL 20 Filer ID (Ethics Co.	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. V SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24.40
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 12500
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 535.°
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) State; Zip Code Contributor address: City; 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME Dr. Sylvia P. AHKIN	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description	
7 Contributor address; City; State; Zip Co.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. 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/law 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 out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description	
Contributor address; City; State; Zip Co		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

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

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID# of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor □ out-of-state PAC (ID#:_ Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID# Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The I	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
FILER NAME	m. Sylvia P. At	Kinson	3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	ITEMIZED LOANS		\$ NA
Date of loan	7 Name of lender ut-of-state i	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Colls	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	19 Amount Guaranteed (\$)	
not applicable Principal Occupat		State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
JF 1	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS No	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Focs Food-Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expenso Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

отвол одго глупнети	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Dr. Sylvia P.	Atkinson 3 Filer II	D (Ethics Commission Filers)
^{4 Date} 5/18/17	5 Payee name Blanquitas		
6 Amount (\$) 27.00	190 N. Oscar Will San Benito, TX 78	iams 5586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ford + Beverage	(b) Description Check if the Austin, TX, office ho	
9 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 Categories listed at the top of this schedule)	Description Check if travel outside of Texas. (Check if Austin, TX, officehol	
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 Categories listed at the top of this schedule)	Description Check if travel outside of Texas (Check if Austin, TX, officehol	'
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

PURPOSE OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check If Austin, TX, officeholder living expense

Office held

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memortals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
The instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME DA SUNIO	n P. AtKinson	3 Filer 1D (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 3/10/17	6 Payee name PINK Ap	٤		
7 Amount (\$) \$ 1250.50	8 Payee address; City; State; BYOWN SVILLE;	zip Code Sel Blvd. TX 78526		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	on	
PURPOSE OF EXPENDITURE	Consultin/Med	dia Serv Check	travel outside of Texas, Complete Schedule T.	
11 Complete ONLY 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	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Checkil	on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	10			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G: 2	FILER NAME Dr. Sylvia /	PA+Kinsm-	thics Commission Filers)
6/12/17	Payce name Advocacy of Payce address; City; State; Zip Code 402 W. Roberts	- Nmós	
6 Amount (\$) 7	Payee address; City: State; Zip Code 402 W. Roberts		
neimbursement from political contributions intended	San Benito, Tt	78586	
8 PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete S	Schedule T.
EXPENDITURE	Donation	Check if Austin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
6/27/17	Veterans Men	norial High	School
Amount (\$)	1900 Price Road		
political contributions intended	Brownsville, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisemt	(b) Description Check if travel outside of Texas Complete S Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payce address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete to Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Oficeholder/Political Committee

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

Candidate/Officenoider/Politi Credit Card Payment	cal Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
Total pages Schedule H:	2 FILER NAME Dr. Sylvia P. AHCM 3 Filer ID (Ethics Commission Filers)
Date	5 Business name VA
Amount (\$)	7 Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Description Check it travel outside of Texas. Complete Schedule T. Check it Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories tisted at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

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

SCHEDULE K

The	1 Total pages Schedule K:		
2 FILER NAME	Dr. Sylvia P. Atkmson	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received Address of person from whom amount is received; City; State;	8 Amount (\$) Zip Code	
	7 Purpose for which amount is received	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			

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

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME Dr. SINIAP. AHLANSON					3 Filer ID (Ethics Commiss	sion Filers)
4 Name of Contributor /	Corporation or l	abor O	rganization / Pledgor /	Payee NA		
5 Contribution / Expend	iture reported on	1:				2312-1
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule						
=	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule					
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						
Name of Contributor /	Corporation or I	Labor C	Organization / Pledgor /	Payee	19 (2 t) to 12 (2 t)	
Contribution / Expend	liture reported or	n:				
Schedule A2	Schedul	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule F4		Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
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 C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported or	n:				
Schedule A2 Schedule B		le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule F4		Schedule G	Schedule H	Schedule COH-UC	
Dates of travel	Name of person(s) traveling					
Departure city or name of departure location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
	ATT	ACH AI	DDITIONAL COPIES	OF THIS SCHEDULE	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" --2 Filer ID (Ethios Commission Filers) 1 C/OH NAME **3 SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my capitidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · **CAMPAIGN FUNDS** Check 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 Vinust dispose of unexpended political contributions and unexpended interest or Income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check 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 OFFICEHOLDER · Complete 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 📶 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