CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 5							^{d:} 5			
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR		FIRST		ļ	МІ	OFFICE USE ONLY		
	NAME	NICKNAME		LAST	•••••		SUFFIX	Date Rece		. 0 .
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	Al	PT / SUITE #; C	CITY;	STATE; 2	ZIP CODE	8/1	/202	4 165
	Change of Address									
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSION			-delivered o	or Date Postmarked
6	CAMPAIGN TREASURER	MS / MRS / MR		FIRST		I	МІ	Receipt #		Amount \$
	NAME							Date Proce	ssed	
		NICKNAME		LAST		;	SUFFIX	Date Imag	ed	
7	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX I	PLEASE); APT / SU	UITE #;	CITY;	•	S	TATE;	ZIP CODE
(F	Residence or Business)									
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE	NUMBER		EXTENSION				
		,								
9	REPORT TYPE	January 15		30th day before e	lection	Runoff		tre	oth day afte easurer app officeholder	
		July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit				(Attach C/OH - FR)				
10	PERIOD	Month Day Year Month Day Year								
	COVERED	/ THROUGH / /								
11	ELECTION	ELECTION DATE ELECTION TYPE								
		Month Day	Year	Primary		Runoff	Other			
			/	General		Special	Description			
12	OFFICE	OFFICE HELD (if any)		l		13 OFFICE SOU	JGHT (if known))		
14	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
	Additional Pages	COMMITTEE TYPE	COMMITTE	EE NAME						
		GENERAL COMMITTEE ADDRESS								
		SPECIFIC	COMMITTE	EE CAMPAIGN TRE	ASURER	NAME				
			COMMITTI	EE CAMPAIGN TRE	EASURER	ADDRESS				
				COTO	DAOI	- 0				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (OTHER THAI GUARANTEES OF LOANS, OR E ELECTRONICALLY)	\$					
	2. TOTAL POLITICAL CO	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS	\$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EX	(PENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	TRIBUTIONS MAINTAINED AS OF THE LA D	ST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	OUNT OF ALL OUTSTANDING LOANS AS CONTING PERIOD	F THE \$					
18 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.								
		Zans	Kupper					
		ν	andidate or Officeholder					
Please complete either option below:								
r iodoc complete citilei option below.								
(1) Affidavit								
(1) Allidavit								
NOTADY OTAMO (OF A								
NOTARY STAMP/SEA	L							
Sworn to and subscribed	before me by	this the	day of					
			,					
20, to certify	which, witness my hand and seal of o	ffice.						
Signature of officer administe	ering oath Printed nam	ne of officer administering oath	Title of officer administering oath					
		OR						
								
(2) Unsworn Declaration	on							
My name is		, and my date of birth is						
My address is								
-	(street)		state) (zip code) (country)					
Executed in	` ,	()	, , , , , , , , , , , , , , , , , , , ,					
	Oddity, diale of	, on theday of (mont Zans	h) (year)					
		Lane	rupper					
		Signature of Candi	date/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
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 CO	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

LOANS SCHEDULE E

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

The	Instruction Guide explains how to	1 Total pages Schedule E:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UN	NITEMIZED LOANS		\$					
5 Date of loan	7 Name of lender uou	9 Loan Amount (\$)						
6 Is lender a financial Institution?	8 Lender address; Ci	ty; State; Zip Code	10 Interest rate					
Y N			11 Maturity date					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)						
14 Description of Coll	ateral		Check if personal funds were deposited into political account (See Instructions)					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)					
not applicable		ity; State; Zip Code	•					
20 Principal Occupat	l tion (See Instructions)	21 Employer (See Instructions)						
Date of loan	Name of lender 🔲 ou	nt-of-state PAC (ID#:)	Loan Amount (\$)					
Is lender a financial	Lender address; C	ity; State; Zip Code	Interest rate					
Institution? Y N			Maturity date					
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)						
Description of Coll	ateral		Check if personal funds were deposited into political account (See Instructions)					
none		account (coc mens	,					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)					
	·	ity; State; Zip Code						
not applicable								
Principal Occupati	on (See Instructions)	Employer (See Instructions)						
	ATTAOU ADDITION							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 10(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 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				USE A NEW PAGE FOR EACH CREDIT CARD ISSUER					
1 TOTAL PAGES 2 FILER NAME SCHEDULE F4:					3 FILER	3 FILER ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A		\$						
5 CREDIT CARD ISSUER	Name of financial institution								
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) D			(c) Date(s) Cred	(c) Date(s) Credit Card Issuer Paid				
	\$								
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Desc			(b) Description) Description				
Political Non-Political	(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/OH			fice Sought Office Held						
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cred	it Card Issuer Paid				
	\$								
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description					
Political Non-Political	(c) Check if travel out	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held								
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cred	it Card Issuer Paid				
PAYEE	(a) Payee name	1	(b) Payee add	dress;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description					
Political			61.11.		Cl. 1.1				
Non-Political Complete ONLY if direct expenditure to benefit C/OH				Check if Austin, TX, officeholder living expense fice Sought Office Held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED