# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr. Timothy	MI S	OFFICE USE ONLY
NAME	NICKNAME LAST Tim Sprinkle	SUFFIX	Date Received TIONS ADMINISTRA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 360 Ransom Brown Rd Texas 75904	city; state; zip code <b>Lufkin</b>	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 936 ) 366-0086	EXTENSION	Date Hand supported COUNTY Countarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Kirk	МІ	OCT 17 2025 75
	NICKNAME LAST  Mathis	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	PO Box 340  Texas  Texas	29 (20 (20 (20 (20 (20 (20 (20 (20 (20 (20	STATE; ZIP CODE  Lufkin
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 936 ) 676-3495	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	5 - A Marie	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 2 / 25	Month THROUGH 10	Day Year / 16 / 25
11 ELECTION	BLECTION DATE  Month Day Year  3 / 3 / 26 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any) County Commissioner Precin	ct 1 Angelina County	Commissioner Precinct 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS. THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
,	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE.	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

			Commence of the second	
15 C/OH NAME Timothy Sprinkle		16	Filer ID (Ethics Commission	n Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONI	S OF LOANS, OR	\$	0.00
^	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	ENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURE	s	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NO PREPORTING PERIOD	MAINTAINED AS OF THE LAST	DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		HE \$	0.00
(1) Affidavit	Please complete	Signature of Cand	idate or Officeholder	
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by	this the	day of	· · · · · · · · · · · · · · · · · · ·
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer adm	ninistering oath	Title of officer adminis	stering oath
	OR			
(2) Unsworn Declaration	on			
My name is Timothy Sp		, and my date of birth is	anuary 13, 1972	
My address is 360 Rans	om Brown Rd.	Lutkin IX	, 75904 USA	
Executed in Angelina	(street)County, State of Texas, on		te) (zip code) (coun , 20 25	itry)

Signature Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	FILER NAME mothy Sprinkle	20 Filer ID (Ethics Co	mmission	Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS	accessing to the second	\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$	0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$	0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (	CONTRIBUTIONS	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	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 In	struction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occupa	tion / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	) (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupat	tion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupat	tion / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	NEEDED

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

			MANAGEMENT OF THE PARTY OF THE	
	Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2	FILER NAMI	E		3 Filer ID (Ethics Commission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5	Date	6 Full name of contributor	)	8 Amount of   g   In-kind contribution   Gontribution   description
		7 Contributor address; City; State;	Zip Code	
10	Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
7/25	· · · · · · · · · · · · · · · · · · ·	aparati, year and (convenience)		• No debet discrete in controlled particular description of Notice and a consideration of the controlled particular description.
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	)	Amount of In-kind contribution Contribution \$ description
		Contributor address; City; State;	Zip Code	
	Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIAL)(See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	1000 1000		11	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **PLEDGED 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 Sched	lule B:
2	FILER NAME				3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDG	BES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		<u>ecol</u>		te; Zip Code		
					Check if travel outs	side of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instruc	tions)	<b>11</b> Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Control of Maria	City; Sta	te; Zip Code		
					Check if travel outs	1. side of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instruct	ions)	Employer (See	Instructions)	W. C.
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	te; Zip Code		] ] [
					Check if travel outs	I . ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	tions)	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 T.
	Principal occup	pation / Job title (See Instruct	ions)	Employer (See	Instructions)	
		ATTACH	ADDITIONAL COPIES	OF THIS SCHEDU	E AS NEEDED	

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

#### LOANS SCHEDULE E

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

	. s. o mator to not approacto, De n	or morado uno pago m moro	P
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-stat	te PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate  11 Maturity date	
YN			Ti Waterity date
12 Principal occupation	Dn / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-star	te 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 Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	EDED

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 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 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/Politica Credit Card Payment	I Committee Legal Services Salaries/ The Instruction Guide explains how to describe the committee of the com	vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	363	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name	MARKET ELSE MERLENE SE SECRETARIO EL SE SE	A REAL PROPERTY OF THE PROPERT	us and the first of the second section is	
6 Amount (\$)	7 Payee 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.	vel outside of Texas. Complete Schedule T. Check if Austi			
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. Complete Schedule T.	Check if Ausl	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	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. Complete Schedule T.	Check if Aust	ustin, 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 NE	EDED	water the second	

### **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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services				ut Of District	not listed above)
		The Instruction Guide exp	lains how to co	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer II	) (Ethics Co	mmission Filers)
TOTAL OF UNITER	MIZED UN	PAID INCURRED OF	LIGATION	S	\$		
5 Date	6 Payee	name			A.,		
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Pol	itical			
PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top o	f this schedule)	(b) Description		THE STATE OF THE S	
	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Au	stin, TX, office	holder living e	xpense
expenditure to benefit C/O  Date	Payee	name					
Amount (\$)	Payee	address;		City;	A CONTRACTOR OF THE CONTRACTOR	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		101.270411	
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top o	f this schedule)	Description			
		Check if travel outside of Texas, Com	plete Schedule T.	Check if A	ustin, TX, offic	eholder living	expense
Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	0	ffice sought		Office hel	d
	ATTA	CH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NE	EDED		

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

TI	he 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; 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

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 SCHEDULE F4:	2 FILER NAME				3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EX	KPENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institution						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cre	dit Card Issuer Paid		
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	isted at the top of this sched	dule)	(b) Description	)		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, offi	ceholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) Cre	dit Card Issuer Paid	0.00	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	isted at the top of this sche	dule)	(b) Description	1		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, off	iceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	NATION MANAGEMENT OF THE PROPERTY OF THE PROPE
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) Cre	dit Card Issuer Paid		
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sched	dule)	(b) Description	n	unice out out of the control of the	
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, o	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	îce Sought		Office Held	
	ATTACH ADDI	TIONAL COPIE	S 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/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Setvices 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (eller a categor	y not not od door oy
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
1 Date	5 Payee name	I		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
myst midder of the	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	kpense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	Market (Market Market Mark	(0) 7 (1) (1) (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	HERVE - mod lares Tolke (West Sp s. shoot
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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/0	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		Company of the control of the contro
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	kpense
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	ED	

## 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

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

pense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		*		
1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Business name		ke generalis le man year e			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code		
8 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	tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	Office held		
Date	Business name	Market State Control of the St				
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	n, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	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 DH	Office sought	C	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE |

	The Instruction Guide explains how to cor	mplete this form.			es al anguer a source man a source and a sou
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name		Chilif Carlon New Processor		
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.)	instructions rega	rding type of	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 rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City	in and the second secon	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	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 of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

### SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule 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; Sta	ate; 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; St	tate; Zip Code	
	80	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; Sta	ate; 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; St	tate; Zip Code	
		Purpose for which amount is received Check if	political contribution returned to filer	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

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

## SCHEDULE T

0							was a second of the second of
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME 3 Filer ID (Ethics Commission F					3 Filer ID (Ethics Commission Filers)		
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5	Contribution / Expenditure reported on:  Schedule A2 Schedule 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 7 Name of person(s) traveling						
	8 Departure city or name of departure location						
		9 Destination city or name of destination location					
1(	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:  Schedule A2 Schedule 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 Organization / Pledgor / Payee						
	Contribution / Expend	liture reported	l on:				
	Schedule A2	Schedu	ile B	Schedule B(J)	Sc	hedule C2	Schedule D Schedule F1
	Schedule F2	Schedu	ıle F4	Schedule G	So	hedule H	Schedule COH-UC Schedule B-SS
	Dates of travel  Name of person(s) traveling  Departure city or name of departure location						
		Destinat	estination 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						
	W. I. William	A	· INVIINUL	VIVAL OUT IL	J J: 11		

# 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" ••								
115.00	2 Filer ID (Ethics Commission Filers)								
		ny Sprinkle							
3	SIGNA	TURE							
		expect any further political contributions or political expenditures in connection with matting a report as a final report terminates my campaign treasurer appointment. I also u							
	campai	gn contributions or make any campaign expenditures without a campaign treasurer ap	pointment on file.						
		Signatur	re of Candidate / Officeholder						
А	FII FR	WHO IS NOT AN OFFICEHOLDER							
•		plete A & B below only if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Chec	k only one:							
	V	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.						
I have unexpended contributions or unexpended interest or income earned from political contributions. I understate may not convert unexpended political contributions or unexpended interest or income earned on political contributions are personal use. I also understand that I must file an annual report of unexpended contributions and that I may									
						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								
	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 understan								
that I may not convert assets purchased with political contributions or interest or other income from political contribut personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with political contributions.									
		requirements of Election Code, § 254.204.	a contributions in accordance with the						
		S	ignature of Candidate						
5	OFFIC	EHOLDER							
	•• Com	plete this section only if you are an officeholder ••							
	V	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.							
			gnature of Officeholder						
		91	anature of Officerolder						