

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|---|--|-------------------------------------|--|
| The CCM Instruction Suite explains how to complete this form. | | 1 Filer ID (Office Commission File) | 2 Total Pages Filed |
| 3 CANDIDATE / OFFICEHOLDER NAME | NAME: ALICIA L FLEURY ADDRESS: 130 PARK LN TROPHY CLUB TX 76262 CITY: STATE: ZIP CODE: | | OFFICE USE ONLY Date Received: <i>J. Veeck</i> 10-5/20 8:20 pm Date Hand-Delivered or Date Postmarked: |
| | PHONE NUMBER: (817) 797-3229 EXTENSION: | | |
| 4 CANDIDATE / OFFICEHOLDER PHONE | NAME: TRACEY MUNTER ADDRESS: 19 MONTEREY DR TROPHY CLUB TX 76262 CITY: STATE: ZIP CODE: | | Amount \$ Date Processed Date Waived |
| 5 CANDIDATE / OFFICEHOLDER ADDRESS | NAME: TRACEY MUNTER ADDRESS: 19 MONTEREY DR TROPHY CLUB TX 76262 CITY: STATE: ZIP CODE: | | Amount \$ Date Processed Date Waived |
| 6 CANDIDATE / OFFICEHOLDER PHONE | NAME: TRACEY MUNTER ADDRESS: 19 MONTEREY DR TROPHY CLUB TX 76262 CITY: STATE: ZIP CODE: | | Amount \$ Date Processed Date Waived |
| 7 CANDIDATE / OFFICEHOLDER PHONE | NAME: TRACEY MUNTER ADDRESS: 19 MONTEREY DR TROPHY CLUB TX 76262 CITY: STATE: ZIP CODE: | | Amount \$ Date Processed Date Waived |
| 8 SERVICE TYPE | <input type="checkbox"/> General <input checked="" type="checkbox"/> Ballot Box Delivery <input type="checkbox"/> Ballot <input type="checkbox"/> Ballot Box after campaign <input type="checkbox"/> General Mailbox Reporting (not) | | |
| 9 PERIOD (MONTHS) | Start: 7 1 2020 End: 10 05 2020 | | |
| 10 ELECTION | Start: 11 3 2020 End: | | |
| 11 OFFICE | OFFICE TITLE: MAYOR | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

AUCIA FLEURY

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1951.70

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 1529.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

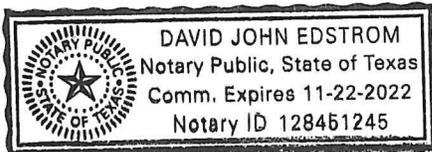
\$ 421.99

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Aucia Fleury
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Aucia Fleury

this the 5th

day of October, 2020, to certify which, witness my hand and seal of office.

David J. Edstrom
Signature of officer administering oath

DAVID J. EDSTROM
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Alicia Sulewicz

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1951.70 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1529.71 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

ALICIA FLETCHER

3 Filer ID (Ethics Commission Filers)

4 Date

9-8-20

5 Full name of contributor

WILLIAM STONER

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

530 INDIAN CREEK DR
MCKINNEY, TX

75062

8 Principal occupation / Job title (See Instructions)

ENGINEER

9 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 (\$)

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)

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 form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME <i>Alicia Fleury</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>0</i> | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel 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/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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| <input type="checkbox"/> Check if travel 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/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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|---|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: | |
| 2 FILER NAME <i>Alicia Fleury</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ <i>0</i> | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$ | 9 In-kind contribution description <input type="checkbox"/> Check if travel 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 (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description <input type="checkbox"/> Check if travel 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 (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description <input type="checkbox"/> Check if travel 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 (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description <input type="checkbox"/> 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 Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: <u>1</u> |
| 2 FILER NAME <i>Alicia Plenary</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ <u>0</u> |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y 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 <input type="checkbox"/> none | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| 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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: | 2 FILER NAME <i>Alicia Henry</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ <i>0</i> |
| 5 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 (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME AUCIA PEURZ

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

0

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2: 2 FILER NAME **ALICIA MEURY** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ **0**

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

11 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

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME Alicia Fleury | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------|---------------------------------------|

| | |
|------------------|----------------------------|
| 4 Date 9/9/20 | 5 Payee name SIGNS PLUS |
|------------------|----------------------------|

| | | | | |
|------------------------|--|-------|--------|----------|
| 6 Amount (\$) 67.66 | 7 Payee address: 206 E BYRON NELSON BLVD DALLAS TX 75202 | City: | State: | Zip Code |
|------------------------|--|-------|--------|----------|

| | | |
|--------------------------|---|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINT | (b) Description SIGN STALES |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------|
| Date 9/14/20 | Payee name USPS |
|-----------------|--------------------|

| | | | | |
|-----------------------|--------------------------|-------|--------|----------|
| Amount (\$) 695.91 | Payee address: ONLINE | City: | State: | Zip Code |
|-----------------------|--------------------------|-------|--------|----------|

| | | |
|------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description POSTAGE |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------------------------|
| Date 9/29/20 | Payee name IMPACT SIGNS + GRAPHICS |
|-----------------|---------------------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 297.69 | Payee address: 541 INDUSTRIAL BLVD GRAPEVINE TX 76051 | City: | State: | Zip Code |
|-----------------------|---|-------|--------|----------|

| | | |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description SIGNS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

| | | |
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| 1 Total pages Schedule G: | 2 FILER NAME <i>Alicia Henry</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|--|--|

| | |
|---------------|---------------------|
| 4 Date | 5 Payee name |
|---------------|---------------------|

| | | | | |
|--|-------------------------|-------|--------|----------|
| 6 Amount (\$) <i>5</i> | 7 Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | |

| | | |
|------------------------------------|--|------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|--|----------------|-------|--------|----------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; | City; | State; | Zip Code |
|--|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|--|----------------|-------|--------|----------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; | City; | State; | Zip Code |
|--|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|--|--|
| 1 Total pages Schedule H: | 2 FILER NAME <i>Alicia Murray</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|--|--|

| | |
|---------------|------------------------|
| 4 Date | 5 Business name |
|---------------|------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) <i>0</i> | 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule I: | 2 FILER NAME <i>Alicia Henry</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) <i>0</i> | 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

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 AUCIA FLEURY | | 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; State; Zip Code | |
| 7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>Alicia Sturby</i> | | 3 Filer ID (Ethics Commission Filers) |
| 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(J) <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 G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 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(J) <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 G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <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 G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |