

POLITICAL COMMITTEE DAILY PRE-ELECTION REPORT OF CONTRIBUTIONS

FORM DAILY-C PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY				
3 COMMITTEE NAME						Date Received		
4 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST		MI			
		NICKNAME		LAST	SUFFIX		
5 CAMPAIGN TREASURER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					Receipt #	Amount \$	
							Date Hand-delivered or Date Postmarked	
							Date Processed	
							Date Imaged	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 6 Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
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

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2:</p>															
<p>2 FILER NAME</p>		<p>3 Filer ID (Ethics Commission Filers)</p>															
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>															
<p>5 Date</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>7 Contributor address; City; State; Zip Code</p>	<p>8 Amount of Contribution \$ 9 In-kind contribution description</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>															
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL)(See Instructions)</p>															
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>															
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>															
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>																	
<table border="1"> <tr> <td> <p>Date</p> </td> <td> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p> </td> <td> <p>Amount of Contribution \$ In-kind contribution description</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> </td> </tr> <tr> <td colspan="2"> <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p> </td> <td> <p>Employer (FOR NON-JUDICIAL)(See Instructions)</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation (FOR JUDICIAL)</p> </td> <td> <p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm (FOR JUDICIAL)</p> </td> <td> <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> </td> </tr> </table>			<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution \$ In-kind contribution description</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>	<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>	<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution \$ In-kind contribution description</p> <p>.....</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>															
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>															
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>															
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>															
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>																	
<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>																	

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 Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		<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#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		<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#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		<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#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C2:</p>	
<p>2 FILER NAME</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 Date</p>	<p>5 Corporation / Labor Organization name</p> <p>.....</p> <p>6 Corporation / Labor Organization address; City; State; Zip Code</p>	<p>7 Amount of Contribution \$</p> <p>.....</p>	<p>8 In-kind contribution description</p> <p>.....</p>
	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Date</p>	<p>Corporation / Labor Organization name</p> <p>.....</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of Contribution \$</p> <p>.....</p>	<p>In-kind contribution description</p> <p>.....</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Date</p>	<p>Corporation / Labor Organization name</p> <p>.....</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of Contribution \$</p> <p>.....</p>	<p>In-kind contribution description</p> <p>.....</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Date</p>	<p>Corporation / Labor Organization name</p> <p>.....</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of Contribution \$</p> <p>.....</p>	<p>In-kind contribution description</p> <p>.....</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Date</p>	<p>Corporation / Labor Organization name</p> <p>.....</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of Contribution \$</p> <p>.....</p>	<p>In-kind contribution description</p> <p>.....</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

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NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE T

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

<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule T:												
2 FILER NAME		3 Filer ID (Ethics Commission Filers)												
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
5 Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<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
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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: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<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
<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: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<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
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	Destination city or name of destination location													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)													
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AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a campaign treasurer of a political committee that has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
5. I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Campaign Treasurer

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) _____, _____
(city) _____, _____
(state) _____, _____
(zip code) _____, _____
(country) _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) _____, (year) _____.

Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**