CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|--|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Richar NICKNAME LAST | SUFFIX | OFFICE USE ONLY Date Received 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: 0 | CITY: STATE: ZIP CODE T C+ 76016 | By Day Adem | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (817) 496 3734 | EXTENSION | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Richard Date Processed NICKNAME LAST SUFFIX Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE): APT / S 2703 Crestm | SUITE #; CITY; | STATE; ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | A+110 TO T X AREA CODE PHONE NUMBER (817) 496 3734 | EXTENSION EXTENSION | | |
| 9 REPORT TYPE | July 15 30th day before ele | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year 02/12/2021 | THROUGH O | Day Year / 30 / 2021 | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary O.5/ O.1/21 General | ELECTION TYPE Runoff Other Description Special | ** | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known | 200 3 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME | S MAY HAVE BEEN MADE WITHOUT THE CAN | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | | |
| (90,5 | SPECIFIC COMMITTEE CAMPAIGN TRE | | | |
| (MEDOSOL) TO | COMMITTEE CAMPAIGN TR | PAGE 2 | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| GAIIII AIGI | THE TOTAL INC. | <u> </u> | | | | |
|--------------------------------|---|---|----------------------|----------------|------------------|-------------------------------------|
| 15 C/OH NAME | Richard | Weber | | 16 File | er ID (Ethics C | ommission Filers) |
| 17 CONTRIBUTION TOTALS | PLEDGES, LOANS | D POLITICAL CONTRIB , OR GUARANTEES OF MADE ELECTRONICALL | LOANS, OR | AN | \$ | 60 |
| | | L CONTRIBUTIONS DGES, LOANS, OR GUA | RANTEES OF LOAN | (S) | \$ | 60 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | | \$ | 0 | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | \$ | 0 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF REPORTING PE | CONTRIBUTIONS MAINT | TAINED AS OF THE L | AST DAY | \$ | 0 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTS' REPORTING PERIOD | TANDING LOANS AS | OF THE | \$ | 0 |
| | swear, or affirm, under penalty of quired to be reported by me under | | | rue and c | correct and incl | udes all information |
| | | | Lichard | - H | ebu | |
| | | • | Signature of (| Candidate | or Officehold | er |
| | Notary Public. State of Texas Notary ID 13227414 Pleas ly Commission Exp. 12-05-2023 | e complete eith | er option belo | »; | | |
| (1) Affidavit | | | | | | |
| NOTARY STAMP/SEA | ν. | | | • `- | | _ |
| Sworn to and subscribed | before me by | ard Weber | this th | ie <u>/ 2</u> | day of <u> </u> | July, |
| 20 <u>21</u> , to certify | which, witness my hand and seal | | | | al | |
| | mo | awn Hams | | | Clerk-Su | perintades T |
| Signature of officer administe | ering oath Printed | name of officer administe | ring oath | | Title of office | r administering oath |
| | | OR | | | | |
| (2) Unsworn Declarati | on | | | | | |
| | | ,, 8 | and my date of birth | is | | |
| My address is | | · | · | '. | | ··································· |
| | (street) | | (city) | (state) | (zip code) | (country) |
| Executed in | County, State of | , on the _ | day of | nth) | , 20 (year) | |
| I | | | · | · | | |
| | | | Signature of Can | aidate/Off | iceholder (Dec | Jarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME Richard Weber 20 Filer ID (Ethics Con | mmissio | n Filers) |
|--|--------------------|-----------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$\$ | 60 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. SCHEDULE E: LOANS | \$ | |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | . \$ | |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| 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 A2: | | | |
| 2 FILER NAME Richard Weber | | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | BUTIONS | \$ 60 | | | |
| 5 Date | 6 Full name of contributor | | 8 Amount of 9 In-kind contribution Contribution \$ description | | | |
| | 7 Contributor address; City; State; | Zip Code | Check if travel outside of Texas. Complete Schedule T. | | | |
| 10 Principal occ | l supation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | or (FOR NON-JUDICIAL)(See Instructions) | | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib | | | utor'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 | Zip Code | Amount of In-kind contribution description Contribution \$ In-kind contribution description Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occ | 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) | | | | | | |
| | | | | | | |
| | ATTACH ADDITIONAL COPIES OF 1 | | | | | |
| | If contributor is out-of-state PAC, please see Instruct | ion auide for | additional reporting requirements. | | | |