CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MB FIRST EMMANUE NICKNAME LAST	MI	OFFICE USE ONLY Date Received FILED record in my office
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		SIZOTY; STATE; ZIP CODE L. WILL CITY TX 78/13 By_	5 day of Oct 20 4:00 o'clock EVA S. MARTINEZ, County C Wilson Charles EVA S. MARTINEZ, County C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 371-3098	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME,	MS/MRS/MR FIRST FIRST MMANUEL. NICKNAME LAST	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	and the second s	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/0) 37/-309	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 7 / 16 / 7020	THROUGH 10 /	Day Year / 5 / 2020
11 ELECTION	Month Day Year Primary 11 / 3 /2020 Seneral	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	5 KERIFF WIT	son County Texas
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1ANUE!	Fult 2 Sp. 15	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM POLITICAL SUPPORT THE CANDIDATE / OFFICENCY DEP. THESE SYSTEMOTICS MANUAL SUPPORT THE CANDIDATE / OFFICENCY DEP. THESE SYSTEMOTICS MANUAL STREET SYSTEMOTICS MANUAL SYSTEMOTICS MANUAL SYSTEMOTICS MANUAL SYSTEMOTICS MANUAL SYSTEMOTICS MANU				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	NA			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages			a to the		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200 00		
EXPENDITURE TOTALS	TURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	\$ 500 00			
CONTRIBUTION BALANCE	5. TOTAL I	DAY \$ 1077.15			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$		
18 AFFIDAVIT	· · · · · · · · · · · · · · · · · · · ·	lower or offirm under no all the	erjury, that the accompanying report is		
			rmation required to be reported by me		
megh			Su		
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said EMMANUEL FULT 2 52, , this the 5 TH					
	-	to certify which, witness my hand and seal of office.			
LOW MOM DAVID DEL BOSQUE NOTALI ROBLIC. TOWN					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME					
	20 Filer ID (Ethics Commission Filers)					
	EMMANUEL FULTZ SR					
21	SCHEDULE SUBTOTALS					
	NAME OF SCHEDULE		SUBTOTAL AMOUNT			
			AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		CIAA QA			
			* 100 ==			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		• ~			
<u> </u>	W TAND TO BETTO ALCONTRIBUTIONS		P -6			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		A A			
			\$ 0			
4.	SCHEDULE E: LOANS					
			\$ -07			
5.	SCHEDULE ET DOLLTON EXPENDENCE		200			
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 359 20			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
	OST TED DE TE. ON PAID INCORRED OBLIGATIONS	*	\$ 9			
7.	COUEDING TO DUDOUS					
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$			
8.	DOUGDAN					
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.			24			
3.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 150			
10.			1000			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s A			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI RETURNED TO FILER	ONS	\$			
ı						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Emmanuel Fultz 3R	(Limes commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
NA	6 Contributor address; City; State; Zip Code				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)			
Date	Full name of contributor	Amount of annihilation (m)			
9-23-2020	Deborah Hurst	Amount of contribution (\$)			
ALA.	Contributor address; City; State; Zip Code	\$20000			
1 81	1168 CR 304 Floresville TF 78114	200			
	pation / Job title (See Instructions) Employer (See Instruc	ctions)			
Jusure	ance Agent				
Date	Full name of contributor	Amount of contribution (\$)			
NIA	Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
		,			
Date	Full name of contributor	Amount of contribution (\$)			
WA	Contributor address; City; State; Zip Code	· O			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
	•				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:		
2 FILER NAME EMMANUEL FULTZ SR	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$. description		
7 Contributor address; City; State; Zip Coo	de		
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 □ out-of-state PAC (ID#:	Amount of . In-kind contribution Contribution \$. description		
Contributor address; City; State; Zip Co	de		
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 instructio	THIS SCHEDULE AS NEEDED		

PLEDGED CONTRIBUTIONS SCHEDULE B The Instruction Guide explains how to complete this form. Total pages Schedule B: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EMMANUEL 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount . 9 In-kind contribution of Pledge \$ description City; State; Zip Code 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 out-of-state PAC (ID#: Amount In-kind contribution of Pledge \$ description City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of pledoor out-of-state PAC (ID#: Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code 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	
	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME	ruel Fultz SR		3 Filer ID (Ethics Commission Filers)	
	NITEMIZED LOANS		\$ 0	
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	0	State; Zip Code	10 Interest rate	
YN			11 Maturity date NA	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City; s	State; Zip Code	0	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
	,	- Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	/	
Description of Colli	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code			0	
Principal Occupation	00 (San Industrial)			
Timolpai Occupati	on (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.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment		nting Expense Travel Out Of District laries/Wages/Contract Labor Other (enter a category not listed above)
Oredit Gard Payment	The Instruction Guide explains ho	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
/	Emmanuel Fult	2 SR
4 Date	5 Payee name	
9-1-2020	Sweet faced Prints	Design
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$35000	4715 Silver River Sa	WAUTONIO TX 78222
8	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	" (Xpense	Check If Austin, TX, officeholder living expense
0.0	2-51-10	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	1	
Date //	Payee name	
MA		
Amount (\$)	Payee address; City; State; Zip Co	ode
10		
	Category (See Categories listed at the top of this schedu	10 5 1 11
PURPOSE	Services and the top of this scrience	Description Check If travel outside of Texas. Complete Schedule T.
OF		Check If Austin, TX, officeholder living expense
EXPENDITURE		oncok ii Adaliit, 12, oliteeriolder living expense
	ž.	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Ma	, ayee name	
Amount (\$)	Payee address; City; State; Zip Co	ode
10		
	Category (See Categories listed at the top of this schedu	ule) Description
PURPOSE		Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	v	Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held
	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

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)

Candidate/Officeholder/Politic	al Committee	Legal Services			Contract Labor	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 MMANU	el f	1172	Siz	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UI	NPAID INCU	RRED OB	LIGATIONS		\$
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;	City; State	e; Zip Code		
· · · · · · · · · · · ·						
9 TYPE OF EXPENDITURE		Political	,	Non-Political	l	
10	(a) Categ	Ory (See Categories	s listed at the top o	f this schedule)	(b) Description	on
PURPOSE OF						travel outside of Texas. Complete Schedule T.
EXPENDITURE						if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Car H	ndidate / Officeh	older name	Office	sought	Office held
Date	Payee	name				,
Amount (\$)	Payee	address;	City; State	e; Zip Code		
0						
TYPE OF EXPENDITURE		Political		Non-Politica	I	
PURPOSE OF EXPENDITURE	Categ	Ory (See Categories	listed at the top o	f this schedule)		on f travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Car H	ndidate / Officeh	older name	Office	sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	ANUEL FUITZ SR.					
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				
NA	7 Description of investment					
	and and					
	Nove					
	8 Amount of investment (\$)					
Date	N					
2 2.0	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City; State; Zip Code					
		, 2.p 30d2				
1.	Description of investment					
NA	Possipati of Investment					
. / '	NONE					
	Amount of investment (\$)					
	.0					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	By al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead Polling Expense Printing Expens Salaries/Wages	е	Transportation Equipment & Related Expense Travel In District Travel Out Of District
		The Instruction Guide expla			Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPI	ENDITURES CHARGEI	TOACRED	IT CARD	\$
5 Date	6 Payee r	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
B					•
9 TYPE OF EXPENDITURE	F	Political	Non-Politica	I	
10	(a) Catego	ry (See Categories listed at the top of t	his schedule)	(b) Description	in
PURPOSE OF					travel outside of Texas. Complete Schedule T.
EXPENDITURE					f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi	Cano	didate / Officeholder name	Office	sought	Office held
Date 1	D				
WA	Payee r	name			
Amount (\$)	Payee a	address; City; State;	Zip Code		
0					
TYPE OF EXPENDITURE	P	olitical	Non-Politica	Л	
	Categor	ry (See Categories listed at the top of t	his schedule)	Description	on
PURPOSE OF				Check If	travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct	Cano	didate / Officeholder name	Office	sought	Office held
expenditure to benefit C/Oh	-				25
	ATTAC	H ADDITIONAL COPIES (OF THIS SCHE	DULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EMMANUEL FULTZ 32 4 Date 5 Payee name CRICKET WITE 1655 7 Payee address; City; State; Zip Code 8-1-20-10-10 6 Amount (\$) 921 10th St Suite 108 Floresville Tr 78114 150 00 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Extense Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check If Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check If travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule H:	2 FILER NAME	•	3 Filer ID (Ethics Commission Filers)	
	EMMANUEL FULT	7 SR	S The TD (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State;	Zip Code		
0				
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF			of Texas. Complete Schedule T.	
EXPENDITURE			officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	O#5		
expenditure to benefit C/C	OH O	Office sought	Office held	
Date	5 :			
NA	Business name			
Amount (\$)	Business address; City: State:	Zin Code		
(4)	Business address; City; State;	Zip Code		
&				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
N/A	Submiced Harrie			
Amourit (\$)	Business address; City; State;	Zip Code		
.0				
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE		Check If travel outside of	of Texas. Complete Schedule T.	
OF EXPENDITURE			officeholder living expense	
			,	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to comp	plete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Ĵ	EMMANUEL FULTZ SR			
4 Date	5 Payee name			
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 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 N/A	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 N/A	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.)		

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

SCHEDULE K

N			1 Total pages Schedule K:			
2 FILER NAME EMM ANUEL FUITZ SR 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	2			
MA	7 Purpose for which amount is received Check if	political contribution re	eturned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
w F \	Address of person from whom amount is received; City; State;	Zip Code	<u></u>			
MA	Purpose for which amount is received Check if p	political contribution re	eturned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
NA	Address of person from whom amount is received; City; State;	Zip Code	0			
0	Purpose for which amount is received Check if political contribution returned to filer					
Date	Name of person from whom amount is received		Amount (\$)			
MA	Address of person from whom amount is received; City; State;	Zip Code	0			
	Purpose for which amount is received Check if p	political contribution re	sturned 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 EMMANUEL FULTZ SR					3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
N/A								
5 Contribution / Expenditure reported on:								
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name o							
1112	8 Departure city or name of departure location							
-7/π	9 Destination city or name of destination location							
10 Means of transportation		11 Purpo	use of travel (including	name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	diture reported	d on:	1"					
Schedule A2	School to A C C C C C C C C C C C C C C C C C C				Schedule D Schedule F1			
Schedule F2 Scho		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel								
NA	Departure city or name of departure location							
. / 1	Destination city or name of destination location							
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	/ 0							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture reported	l on:	,					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel								
a t \ .	Departure city or name of departure location							
WA	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								
					ACTILL DED			