

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **17**

## OFFICE USE ONLY

Date Received

**3-25-24**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**MR ROBERT LEE**  
NICKNAME LAST SUFFIX  
**BOB NOHRN**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**443 ORK BROOK DR.  
NEW BRAUNFELS TX 78132**

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(830) 625 8719**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**MR PATRICIA LEE**  
NICKNAME LAST SUFFIX  
**PAT PENSE**

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX, PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**17 PRESTON WOOD  
NEW BRAUNFELS TX 78132**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(830) 237 8686**

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
**10 / 01 / 2023 THROUGH 3 / 22 / 2024**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
**5 / 4 / 2024** ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
**NONE**

13 OFFICE SOUGHT (if known)  
**COUNCILMAN DIST #3**

14 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.

☐ Additional Pages

COMMITTEE TYPE COMMITTEE NAME  
☐ GENERAL **NONE**  
☐ SPECIFIC  
COMMITTEE ADDRESS **NONE**  
COMMITTEE CAMPAIGN TREASURER NAME **NONE**  
COMMITTEE CAMPAIGN TREASURER ADDRESS **NONE**

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

ROBERT LEE NOHRN

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 30,000

CONTRIBUTION  
BALANCE

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

\$ 0

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 SIGNATURE

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.

*Robert Lee Nohrn*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY

Sworn to and subscribed before me by Robert Lee Nohrn this the 25 day of March

20 24, to certify which, with my hand and seal of office.

*Elizabeth G. Wilkinson* Elizabeth G. Wilkinson City Secretary

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 Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

ROBERT NOHAN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3008 <sup>+</sup>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 30 <sup>00</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input 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

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 A1: <u>1</u>
2 FILER NAME <u>ROBERT NOURN</u>		3 Filer ID (Ethics Commission Filers) <u>0</u>
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	7 Amount of contribution (\$) <u>0</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	Amount of contribution (\$) <u>0</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	Amount of contribution (\$) <u>0</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	Amount of contribution (\$) <u>0</u>
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.

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A2: 2

2 FILER NAME  
ROBERT NORTH

**3 Filer ID (Ethics Commission Filers)**

#### 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0

**5** Date **6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

NONE

8 Amount of Contribution \$	9 In-kind contribution description
-----------------------------	------------------------------------

**7** Contributor address;                      City;                      State;                      Zip Code

☐ 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)

①

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)
------	--------------------------	--

NONB

Amount of Contribution \$	In-kind contribution description
---------------------------	----------------------------------

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

None

Employer (FOR NON-JUDICIAL)(See Instructions)

6

Contributor's principal occupation (FOR JUDICIAL)

конс

Contributor's job title (FOR JUDICIAL) (See Instructions)

0

Contributor's employer/law firm (FOR JUDICIAL)

NOT

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

△

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

НОВБ

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 Schedule B: 1	
2 FILER NAME ROBERT NOHRN		3 Filer ID (Ethics Commission Filers) 1	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	8 Amount of Pledge \$ 0	9 In-kind contribution description 0
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#: _____) NONE	Amount of Pledge \$ 0	In-kind contribution description 0
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#: _____) NONE	Amount of Pledge \$ 0	In-kind contribution description 0
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#: _____) NONE	Amount of Pledge \$ 0	In-kind contribution description 0
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)	
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

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 E: 1
2 FILER NAME ROBERT NOHAN		3 Filer ID (Ethics Commission Filers) 1
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan NA	7 Name of lender NONE <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 0
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) NONE		13 Employer (See Instructions) NONE
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 NONE	19 Amount Guaranteed (\$) 0
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender NONE <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) 0
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions) NONE		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 (\$) 0
	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.

# 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  
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.

<b>1</b> Total pages Schedule F1: <u>1</u>		<b>2</b> FILER NAME <u>ROBERT N. HERN</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>3/23/21</u>		<b>5</b> Payee name <u>NONE</u>			
<b>6</b> Amount (\$) <u>0</u>		<b>7</b> Payee address; City; State; Zip Code <u>NA</u>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <u>NA</u>		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <u>NA</u>		Payee name <u>NONE</u>			
Amount (\$) <u>0</u>		Payee address; City; State; Zip Code <u>NA</u>			
<b>PURPOSE OF EXPENDITURE</b>	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 <u>✓</u>		Payee name <u>NONE</u>			
Amount (\$)		Payee address; City; State; Zip Code <u>NA</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description <u>0</u>		
	<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**

# 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  
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 **ROBERT NOHRN** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0

5 Date 6 Payee name **CHARGED NOT RECEIVED CC STATEMENT**

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

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
**NEW PAPER** **ADDS**  
(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 **HERALD ZITING**  
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

**PURCHASE OF INVESTMENTS MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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 F3: 1
2 FILER NAME ROBERT NOHRN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased NONE	
	6 Address of person from whom investment is purchased; City; State; Zip Code NA	
	7 Description of investment NA	
	8 Amount of investment (\$) NA	
Date	Name of person from whom investment is purchased NONE	
	Address of person from whom investment is purchased; City; State; Zip Code NA	
	Description of investment NA	
	Amount of investment (\$) NA	
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

ROBERT NOHRN

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ EST 3,000<sup>00</sup>

5 CREDIT CARD  
ISSUER

Name of financial institution

CHASE BANK

6 PAYMENT

(a) Amount Charged

\$ EST 3000

(b) Date Expenditure Charged

2-?-2024

(c) Date(s) Credit Card Issuer Paid

NOT BILLED YET

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

8 PURPOSE OF  
EXPENDITURE

☐

Political

☐

Non-Political

(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

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

☐

Political

☐

Non-Political

(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

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

☐

Political

☐

Non-Political

(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

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

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 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>ROBERT NOURN</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>NONE</i>	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;  City; State; Zip Code	
<b>8</b> 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	
<b>9</b> 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

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 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 <b>ROBERT NOITAN</b>	3 Filer ID (Ethics Commission Filers)
---------------------------	--------------------------------------	---------------------------------------

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

6 Amount (\$)	7 Business address; <b>NONE</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description <b>O</b>
	(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
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Date	Business name <b>WA</b>
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Amount (\$)	Business address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Date	Business name <b>NA</b>
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Amount (\$)	Business address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <b>AD</b>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE I

**The Instruction Guide explains how to complete this form.**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

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 K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

NONE

0

6 Address of person from whom amount is received; City; State; 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 (\$)

N/A

0

Address of person from whom amount is received; City; State; 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 (\$)

N/A

0

Address of person from whom amount is received; City; State; 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 (\$)

N/A

0

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ 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

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 T:
2 FILER NAME <b>ROBERT NOTOW</b>		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 <b>NONE</b>	
	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 checked="" type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling <b>NOTOW</b>	
	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 checked="" type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling <b>NOTOW</b>	
	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 checked="" type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling <b>NOTOW</b>	
	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		

**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" \*\***

**1 C/OH NAME**

ROBERT NOURAL

**2 Filer ID (Ethics Commission Filers)**

**3 SIGNATURE**

Robert Noural

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are not an officeholder. \*\***

**A. CAMPAIGN FUNDS**

**Check only one:**

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain 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 understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Robert Noural

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

**\*\* Complete this section only if you are an officeholder \*\***

☐ 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.

\_\_\_\_\_  
Signature of Officeholder