CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction C	1 Filer ID (Ethics Commission Filer	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MB) FIRST MI GLEN I NICKNAME LAST SUFFIX TKE Fluellen	Date OF FLET VINSTER STORY OF
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12608 VINGO, WILLISTX 77318	JAN 14 2016 JAN 14
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 856-8247	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIRST MI TOVY NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
	Fluellen	Date illiaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 12608 Virgo Willis X 7	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 856-8247	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) it Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Mont	th Day Year / 15 / 16
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Descriptio 3 / 1 / 16 General Special	
12 OFFICE	OFFICE HELD (IF any) 13 OFFICE SOUGHT (IF kn) Constable Mantgimen	, Pct. 1 ry County
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	/		5 Filer ID (Ethics Commission Filers)
6	len L.	Fluellen !	,,
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WIT. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	THEY CLEOTIONS
	GENERAL	<u></u>	c aftived &
	SPECIFIC	COMMITTEE CAMPAIGN THEASURER NAME	JAN 1 4 2016 RATO
	,	COMMITTEE CAMPAIGN TREASURER NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Additional Pages		•	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7069.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$/0,003,02
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 2024.36
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ -
18 AFFIDAVIT			
	MARIA ADAMS ary Public, State of	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
	dy Commission Exp	ires 📱 💢 🖊 🗘 🕹	
Service and	MARCH 25, 2019		didate or Officeholder
AFFIX NOTARY STAMP / SEALABOVE			
AFFIX NOTART STAM	, JOHNHADOVE	Alan IVa TT. alla.	116/2
Sworn to and subsc	. 1.		, this the 171
day of MIWAPU	20	to certify which, witness my hand and seal of office.	
	(8	Maria Adams	Mtany Public Title of officer entirelisted parts
Signature of officer a	aministering oath	Printed name of officer administering oath	Title of officer)administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Glen IKe F/L	iellen	20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	, , , , , , , , , , , , , , , , , , , ,		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY PO	DLITICAL CONTRIBUTIONS		\$7069,00
2. SCHEDULE A2: NON-MONETA	RY (IN-KIND) POLITICAL CONTRIBUTION	ONS .	\$ 2395.06
3. SCHEDULE B: PLEDGED CON	TRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS			\$ &
5. SCHEDULE F1: POLITICAL EX	KPENDITURES MADE FROM POLITICA	AL CONTRIBUTIONS	\$ 10,003,02
6. SCHEDULE F2: UNPAID INCUF	RRED OBLIGATIONS		\$ 4
7. SCHEDULE F3: PURCHASE C	DF INVESTMENTS MADE FROM POLIT	TICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITUR	ES MADE BY CREDIT CARD		\$ &
9. SCHEDULE G: POLITICAL EX	PENDITURES MADE FROM PERSONA	AL FUNDS	\$200,03
10. SCHEDULE H: PAYMENT MAD	E FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL I	EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CRE RETURNED TO FILER	EDITS, GAINS, REFUNDS, AND CONT	RIBUTIONS	\$ 4

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 t	io complete this form.	
1 Total pages Schedule G:	2 FILER NAME THE FLL	LECCEN 3 Filer ID (Eth	nics Commission Filers)
4 Date 11/16/15	5 Payee name SAM'S CWB		
6 Amount (\$) 200, 5 3	7 Payee address; City; State; Zip Code		
political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living e	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Sci Check if Austin, TX, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Sch	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2

CONTRIBUTIONS		
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2: //	
2 FILER NAME Glen IKE Fluellen	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 (10#:	8 Amount of 9 In-kind contribution Contribution \$ description \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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 (IDE: 11/19/15 Contributor address; City; State: Zip Co 2205 N. Frazier #107 Contributor	Amount of in-kind contribution Contribution \$ description # 50,00 MAKY KAY de	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions) BOWN & BOOW WORKS	
MANA COUR 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	THIS SCHEDULE AS NEEDED	

SCHEDULE A2

CONTRIBUTIONS			
Th	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2: /O
2 FILER NAMI	Glen Ike Fluellen		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	(17303	8 Amount of 9 In-kind contribution description function \$ punch boul \$55.00 chairs with \$ 2 skillets Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	employed principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	COTA	Amount of Contribution & In-kind contribution description #40,00 Soap BASKet Check if travel outside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTAOLI ADDITIONAL CODIEC CE	TUIC COUET	HU E AC NEEDEN

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

m. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
BUTIONS \$
de 8 Amount of Contribution 9 In-kind contribution 150,00 TEXAS DASKET Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of In-kind contribution description # 10,00 Mikasa CANDLESTICK Holders Check if travel outside of Texas. Complete Schedule T.
Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
THIS SCHEDULE AS NEEDED

SCHEDULE A2

CONTRIBUTIONS	
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	sutions \$
5 Date 6 Full name of contributor out-of-state PAC (ID): 11/19/15 Larry + Chris Keichert 7 Contributor address: City; State; Zip Cod 400 W. Montand Lly Wills	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) PDPY 5 Sea food
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)	
19852 N. CUSTA DULVES 3	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)	

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 SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Amount of ut-of-state PAC (ID#:_ Contribution \$ description CANDYCANEWREAGH Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Amount of Contribution \$ Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2

CONTRIBUTIONS			
Th	ne instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAM	· Glen Ike Flueller	1	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
	6 Full name of contributor out-of-state PAC (ID#:	·	<u> </u>
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions) - CASSIA FSSEUTIAL 0: 15	11 Employ	er (FOR NON-JUDICIAL) (See Instructions)
<u> </u>	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 1/ 9/15	Full name of contributor out-of-state PAC (ID#:	de	Amount of Contribution \$ description #45,00 SCRIPTURE Frame + colder outfit Weed Chess Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 9 in-kind contribution out-of-state PAC (ID#; Contribution \$ description Check if travel outside of Texas. Complete Schedule T. Employer (FQR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Amount of Contribution \$ Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) 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 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 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	sutions \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description Contribution \$ description \$\footnote{BLANKets}\$ 7738 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) LONE STAR College	
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#: 1/19/15 DW AU N & CAMPBEL Contributor address; City; State; Zip Cod	·	
17156 Clear wat of wins 1x	77318 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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE A2

CONTRIBUTIONS			
The Inst	ruction Guide explains how to complete this form	1.	1 Total pages Schedule A2: /0
² FILER NAME	len Ike Fluellen		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
11/19/15 Te 7 0 126 10 Principal occupatio	uit name of contributor out-of-state PAC (ID#:	4 br	8 Amount of 9 In-kind contribution description # 20,00 CM SHAW THEM 5 BASKET Check if travel outside of Texas. Complete Schedule T. (FOR NON-JUDICIAL) (See Instructions)
100 -	MINOYRA pal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's emplo	oyer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a c	hild, law firm of parent(s) (if any) (FOR JUDICIAL)		
Wals E	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description # 750,00 Monthly # Lo ALLAGE Check if travel outside of Texas. Complete Schedule T.
Principal occupatio	n / Job title (FOR NON-JUDICIAL) (See Instructions)	11	r (FOR NON-JUDICIAL) (See Instructions)
0 WNEK Contributor's princi	pal occupation (FOR JUDICIAL)	YECAN Contribut	1 Hi'LL FLORIST tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's emple	oyer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a c	hild, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 9 In-kind contribution cut-of-state PAC (ID#; Contribution \$ State: Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Amount of Date Contribution \$ description Knife \$150.00 Zip Code Contributor_address; Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date out-of-state PAC (ID#:_ \$100,00 585 Edgewood DR. Montgomery YX-71356 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Amount of contribution (\$) #100,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) etituel Amount of contribution (\$) out-of-state PAC (ID#: \$100,00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID# Amount of contribution (\$) \$120,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Jordan Stepanski Contributor address; City: State; Zip Code 474 Hostetter Rd. New Yverly T Principal occupation / Job title (See Instructions) Amount of contribution (\$) #200,00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$) #70,00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (IDS:) 1/19/15 Mathew + Michelle Sweeney Contributor address; City; State; Zip Gode	Amount of contribution (\$) # 20, 30
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (IDF:) // 19//5	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor John of Sharon Schlufer Contributor address; City; State; Zip Code 200 Hart ford DL Contributor 17303	Amount of contribution (\$) \$\\$0,00
Principal occupation / Job title (See Instructions) Employer (See Instruction)	ns)
•	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional repo	ED prting requirements.

MONETARY POLITICAL CONTRIB	UTIONS SCHEDULE A1
The Instruction Guide explains how to complete this to	ITM. 1 Total pages Schedule A1:
2 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID) O Z6 5	7 Amount of contribution (\$) Zip Code J. Ilis W 71318
8 Principal occupation / Job title (See Instructions) 9	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID) 10/29/15 5 tevi'e 4 Jessica Taylo Contributor address; City; State; 12988 Fearson Rd. Mon	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions) ENWAVERLY FellowShip
Date Full name of contributor out-of-state PAC (ID#) 10/29/15 Jerry & Shirley Allaman Contributor address; City; State; 2 34 NAPIES LN. Montginnery	Amount of contribution (\$)
	Employer (See Instructions) NERS—ALLAMON TOOL
Date Full name of contributor out-of-state PAC (IDH: 10/30/15 MIKE + KUDY SCOTT Contributor address; City; State; Zig 100 06 EStes Hill LA, Course	Amount of contribution (\$)
Principal occupation / Joh title (See Instruction)	imployer (See Instructions)
ATTACH ADDITIONAL CORIES OF THE	
ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction Is provided by Texas Ethics Compiles	SUITEUULE AS NEEDED guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) ut-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (iD#: Amount of contribution (\$) occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Charles Trotter, SR. Contributor address; City: State; Zip Code 10053 West Share Willis TX 77318 pation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#:____ 7 Amount of contribution (\$) \$ 100,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: WAYNE KIEIN Contributor address; City; State; Zip Code 15547 Knotty OAKS Trail Magnolia X Amount of contribution (\$) 10/13/15 # 100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date | Full name of contributor | | out-of-state PAC (ID#: 10//8/15 | JIMMY & RIFH TAY/OR | State; Zip Code | 12/92 Rollingwood L.P. Conroe TX 77 903 Amount of contribution (\$) \$ 50,00 Employer (See Instructions) #0VSTON F.D. Principal occupation / Job title (See Instructions) ARE FIGHTER / Realton ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) out-of-state PAC (ID#:_ \$ 700,00 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$ 200,00 50,00 al occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 100,00 Date Amount of contribution (\$) \$100,00 Principal occupation / Job title (See instructions) Employer (See Instructions) Full name of contributor LI out-or-state PAC (ILLE) Lane & Elizabeth Wagner Contributor address; City: State; Zip Code 12601 Virgo Willis TX 7318 Amount of contribution (\$) 12/11/15 Principal occupation / Job title (See instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) \$50,00 11760 E. LAKESHOREDR. CONDETX-11303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1		
The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Glen Tke Flueller	7	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-etate 1 19 5	PAC (IDS:	T Amount of contribution (\$) #60,00
Date Full name of contributor out-of-state	•	Amount of contribution (\$)
11/19/15 Lucia Teinelt Contributor acidress; City; s 10611 ROYAL Sterling Co.	tate: Zip Code NDETX 71303	\$10,00
Employer (See Instructions)		
	PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor Out-of-state PA	iC (15#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
•		
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED Orling requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor cut-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions) Bunds
Date Full name of contributor out-of-state PAC (ID): 1/19/15	Amount of contribution (\$)
Employer (See Instructions)	Kins Church
Date	Amount of contribution (\$) # 55,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ns)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED! If contributor is out-of-state PAC, please see instruction guide for additional repo	ED Sting requirements

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) \$ 100.°° out-of-state PAC (ID#: Amount of contribution (\$) Employer (See Instructions) Full name of contributor | out-of-state PAC (ID#: JiM + Lynda McLaughlin Contributor address; City; State; Zip Code 11667 FAG Har 145 D.W. Willis TX 773 Amount of contribution (\$) #199,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#: \$ 500.00 500,00 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) # 120,00 9 Employer (See Instructions) HERMAN MEMORIAL 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: MIKE + DARJONE SMITH Contributor address; City; State; Zip Code 31014 Beckyln, Magnoliatx 77354 Amount of contribution (\$) \$500,00 Employer (See Instructions) H.C.5.0, Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) Donny & Shirley TAYlop Contributor address; City; State; Zip Code 12579 Sagi Harius DR.E. Willis & M28 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) City; State; Zip Code LAN. CONTOR TX 77303 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Mike of Denise Walsh Contributor address; City; State; Zip Code 6862 Kingston Cove Willist 77318 \$ 150,00 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) cupation / Job title (See Instructions) Amount of contribution (\$) \$100.00 \$ 100,00 11811 Langtreeln. Conroety 17303 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE AT		
	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tructions)
Date ///9//5	Full name of contributor out-of-state PAC (ID#: E. K. Johnson Contributor address; City: State; Zip Code	Amount of contribution (\$)
Principal occup	Defion / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (IDS: MAKK Frank Centributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupe	ation / Job title (See Instructions) Employer (See Instru	otions)
1/19/15	Full name of contributor U out-of-state PAC (IDIX) Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupat	ion / Job title (See Instructions) Employer (See Instruc	tions)
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S remuided by Town	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI f contributor is out-of-state PAC, please see instruction guide for additional n	EDED sporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	schedule A1
Th	e instruction Guide explains now to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
11/19/15	5 Full name of contributor Gout-of-state PAC (IDF: SANATA LEAGUE 6 Contributor acidress; Gity: State; Zip Code Po, Box 1434 Consoe 4x 77305	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions) S PUSOW S PART MARY	ictions) M
Date	Full name of contributor out-of-state PAC (ID): DUG PARKER	Amount of contribution (\$)
Principal accord	DOUG BARKER Contributor address; City: State: Zip Code 1091 EIKINS LAKE HUNKWILE TX Desiron / Job 18th (See Instructions)	\$ 10,00
r iauspai occur	edion / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$) $\#/0, O^{D}$
Principal occupi	ation / Job title (See Instructions) Employer (See Instruct	ions)
1/19/15	Full name of contributor Out-of-state PAC (IDIR:	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions) Employer (See Instruction	ns)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE! f contributor is out-of-state PAC, please see instruction guide for additional rep	DED Offing sequipopola
s provided by Texa	s Ethics Commission	a requirements.

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) 4 Date 7 Amount of contribution (\$) \$ 100,00 8 Principal occupation / Job title (See Instructions) MAChinist Amount of contribution (\$) # 100,00 \$ 10,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) \$10,00 Employer (See Instructions) Amount of contribution (\$) 20,00 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.

POLITICAL EXPENDITURES 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

Event Expense
Fees
Foot/Beverage Expense
Giff/Awards/Memoriats Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Maces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Others (extense extension politisted above)

Candidate/Officeholder/Political Committee Legal Services Salanes/avages/Contract Labor Office (enter a category not insect above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME GLON IKE FUN	EUEN 3 Filer ID (Ethics Commission Filers)	
4 Date 12/08/15	5 Payee name Roark		
6 Amount (\$) 75, 79	7 Payee address; City; State; Z 2114 HICKOR	Ly Trail Pl. Roby Thomas	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	chedule) (b) Description 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/OF	Candidate / Officeholder name	Office sought Office held	
Date ///27/15	Payee name FASTBa/100/	75	
Amount (\$) 90, 99	Payee address; City; State; Z	L. Cardena Ca. 90247	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date 11/19/15	Payee name Montgomery Hi	istorical Society	
Amount (\$) 75,00	Payee address: City: State; 2 8225 FM 149 M	owlgionery X 77316	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this: Advertising	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES 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

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 F1:	2 FILER NAME THE FLUEL	CEN	3 Filer ID (Ethics Commission Filers)
4 Date /2/04/15	5 Payee name S HARDWARG	٧	
6 Amount (\$)	7 Payee address; City; State; Zip Code	. 1	
38.91	14460 Liberly 57.	Montson	redy TX 71356
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE			l outside of Texas, complete Schedule T
OF EXPENDITURE	Hovertising	Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
	Envelopes. Com		
Amount (\$)	Payee address; City; State; Zip Code		- 4
65,91	5300 New Horizons Blud	. Amy to	ille NY 11701
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	· 	outside of Texas, complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
11/20/15	Hobby Lobby		
Amount (\$)	Payee address; City; State; Zip Code		
69.71	1217 336 LP CONR	oetx-	71301
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	fundraising		outside of Texas, complete Schedule T , 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			

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

Event Expense Fees Food/Beverage Expense Citt/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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) Seattle, WA 8 Categories listed at the top of this schedule) (b) Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 50,00 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Openations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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 extendry not listed shows)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME THE FIVE	3 Filer ID (Ethics Commission Filers)
4 Date /0/30//5	5 Payee name LI FEWAY	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
21.63	19075 Partotino I-45	Conroeth 71385
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXPENDIUME	Fundraising	•
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date / /	Payee name	
8/17/15	HEB.	
Amount (\$)	Payee address; City; State; Zip Code	A - 6/
19,12	2108 N. Frazierst.	Confoe TX 77301
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT	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
Date	Payee name	
7/22/15	57APles	•
Amount (\$)	Payee address; City; State; Zip Code	
66.67	19507 I-45N. Con	Roe TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Printing	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/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
Officer (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME CLEN IKE A	Filer ID (Ethics Commission Filers)	
4 Date 7/28/15	5 Payee name RAUS		
6 Amount (\$)	7 Payee address; City; State; Zip Code	00000	
82.81	810 W.DAVIS St. COV	ROETX 17301	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date /	Payee name		
8/14/15	ALDI.		
Amount (\$)	Payee address; City; State; Zip Code		
18,59	2045 N. Loop 336 ConRoe TX 77304		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	THEAT	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	EUTOVI	Onder it Addate 17, Unicercial living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date / 10 / 15	Nethrand Med	dia	
Amount (\$)	Payee address; City; State; Zip Code		
50,19	14550 Beechnut 57.	Houston TK	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expens Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE fundraising OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gitt/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)

Travel Out Of District
Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Comoe Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/QH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Sataries/Wares/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 Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Commont rayment	The Instruction Guide explains	how to complete this form.	
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4 Date 8 20/15	5 Payee name MON+QBMENY	County	
6 Amount (\$)	7 Payee address; City; State; Zip	Code 113	14
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8	(a) Category (See Categories listed at the top of this schu	· ' - ' - '	
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EXPENDITURE	EVENT	L Check if Austin,	TX, officeholder living expense
		,	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H		
Date	Payee name	_	
9/18/15	DBOSTICK IT	Services	3
Amount (\$)	Payee address; City; State; Zip	Code	
200.69	1712 N. Frazier	Corroett -	7730/
•	Category (See Categories listed at the top of this sche		
Purpose Of			ide of Texas. Complete Schedule T.
EXPENDITURE	Advertising	L Chack II Ausun,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date /	Payee name	. ^	
9/30/15	TEXAS GOPS	TOKE	
Amount (\$)	Payee address; City; State; Zip (Code	,
1220,52	404 I-45 Huntso	ille TX 7	1488
	Category (See Categories listed at the top of this sche		
PURPOSE OF	α / / α) []	ide of Texas. Complete Schedule T.
EXPENDITURE	HOVERTISINA	Check if Austin,	IX, officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	ı		and the state of t
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Cand Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not lictor) above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filter ID (Ethics Commission Filers) 4 Date 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 (enters a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politic		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
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expenditure to benefit C/OF	•		
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
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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 Giff/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
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Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Pavee name 6 Amount 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, afficeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name State; Zip Code onroetx 17301 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Amount (\$) Pavee address: State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cmdf Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanies/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Craft Care Payment

Event Expense Fees Food/Beverage Expense GRI/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Giff/Awards/Memorials Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date State: Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE S Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Zip Code Description Check If travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: Zip Code Category (See Categories listed at the top of this achedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Fielated Expense Travel In District Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Contributions/Danations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Offiner (enter a category not listed above) Cradit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) State: Zip Code (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name Amount (\$) State; Zip Code Description PLUBBASE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Payee address; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check il travel outside of Texas. Complete Schedule T. OF Gheck if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Paintousement Solicitation/Fundraising Expense Transcommian Empirem & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/Denstions Made By . God/Beverage Expense Glif/Awards/Memorials Expense Poling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER 3 Filer ID (Ethics Commission Filers) 4 Date St. ConRoe X 1 (8) Category (See Categories listed at the top of this schedule) я (b) Description Check if travel outside of Texas, Complete Schedule T. PLIRPOSE QF EXPENDITURE Check if Austin, TX, officeholder thring expanse Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expanditure to benefit C/OH Payee name Amount ConRoe IN 17304 PURPOSE .] Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date City; Category (See Categories listed at the top of this schedule) noitainsed **FURPOSE** Check if travel outside of Times. Complete Schedule T. OF 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Recayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Consulting Expense Food/Beverage Expanse Gift/Awards/Memorials Expanse Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Polifical Committee Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER 3 Filer ID (Ethics Commission Filers) 4 Dete ConRoe X (See Catagories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE 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 Pavee name Confoe Chock if travel outside of Texts. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Ghock If Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees
Food/Beverage Expanse
Gift/Awards/Memorials Expanse Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Sclicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel on CA District

Candidate/Officeholden/Politi Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor			vages/Contract Labor	Oliner (enter a category not listed above)	
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9 Complete ONLY if direct expenditure to benefit C/O		ie / Officeholder name		Office sought	Office held	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Solicitation/Fundraising Expenso Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Eq Transportation Equipment & Related Exponse Consulting Expense Contributions/Donations Made By Food/Beverage Expanse Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 336 CONROR Check if travel outside of Texas, Complete Schedule T. F. WOM+ Chack if Austin, TX, officeholder living expense S Complete <u>QNLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name 36 ConRoe T Check If travel outside of Texas, Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Dete Pavee name 00 Category (See Categories listed at the top of this achequie) Description **PURPOSE** Check If travel outside of Texes. Complete Schodule T. Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

Advertising Expense Accounting Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX S(a)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS MEEDED					

SCHEDULE F1

Advertising Expense Accounting Empirica Consulting Expense Contributions/Donations Made By didate/Officeiz/den/Politics/Committee

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SCHEDULE F1

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