# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH instruction (	Guide expiains how to complete this form.	1 Filer ID (Ethics Commission Flets)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  MC Bob  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received ELECTIONS COUNTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	Bagley  ADDRESS / PO BOX; APT / SUITE #;  (602 Old Cak Hills)  Con roc , Texas 7;  AREA CODE PHONE NUMBER  (936) 523-0223  MS / MRS / MR FIRST  MC Chris  NICKNAME LAST  Hagema	CITY; STATE; ZIP CODE  730 /  EXTENSION  MI  SUFFIX	Date Handflemon and Secretary Postmarked  Peocipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI  2646 Tacoma Sprin	UITE #; CITY; STATE;	ZIP CODE  77304	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (7/3) 992.5220	EXTENSION		
9 REPORT TYPE	July 15 30th day before electrical and the state of the s		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FH)	
10 PERIOD COVERED	Month Day Year	THROUGH 12	Day Year 3/ / / 7	
11 ELECTION	ELECTION DATE  Month Day Year	ELECTION TYPE    Runoff   Other Description     Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOLIGHT (If known) Precinct County Co	m missiones	
GO TO PAGE 2				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)						
16 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.						
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL   PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N ED \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$			
	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
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.  Signature of candidate or Officeholder						
Signature of Candidate of Officeholder  AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said, this the, this the						
day of Jan, 20 18, to certify which, witness my hand and seal of office.						
Stephanie	Lucado	Stephanie Lucado	Notary			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	SHEET PG 3
19 FILER NAME Bus Basley  20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3990.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2650,00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4951.37
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ &
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	* 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ @
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6
·	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

00111				
Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAME	Bob Bagley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,650	
5 Date 6 Full riame of contributor   out-of-state PAC (1D#:)  9/30/17 Date Cucas 7 Contributor address; City; State; Zip Code 3941 Butler Rd Convert x 7736)			8 Amount of 9 In-kind contribution description  # 1/50=00 Facility  Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions)	
10 Philospal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	II Employe	SIF	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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)			
	Full name of contributor out-of-state PAC (ID#:	*77372 ~ Tx	Amount of In-kind contribution description  † 200.00 Food  Check if travel outside of Texas, Complete Schedule T.	
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)  Loca Cafe & BBQ	
Contributor's	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)	· · · · · · · · · · · · · · · · · · ·		
if a	ATTACH ADDITIONAL COPIES OF T			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:
2 FILER NAME BOB Bagky	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description  # /,/66.60 Food  77357 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)  Fish Tales
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#:  9/30/17  Contributor address; City; State; Zip Contributor address; City;	Amount of In-kind contribution description  description  #200.00 Field  Table  Check if travel outside of Texas. Complete Schedule T.  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 TI	IS SCHEDULE 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. Bsb Bagky 5 Full name of contributor □ out-of-state PAC (ID#:\_ 2 FILER NAME 3 Filer ID (Ethics Commission Filers), 7 Amount of contribution (\$) Full name of contributor Date Amount of contribution (\$) \$ 20.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code \$ 100.00 Principal occupation / Job title (See Instructions) 298155. Legends Chase Co. Spring Tx 77386 Employer (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Famara Yollick Contributor address; City; State; Zip Code 77387 PoBox 757/ The WoodlandTX pation / Job title (See Instructions) Employer (See Instru Homemaker 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 BOB Bagley 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Ag nes Koch 6 Contributor address; City; State; Zip Code 2203 Reva Row #1409 The Woodlands 7 Y 17380 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) \$ 100,00 Amount of contribution (\$) Annie Strack Contributor address; City; State; Zip Code 1453 E. 340th Rd Bolivar Mo 65613 \$ 100,00 Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Project Manager Full name of constructions Contributor address; City; State; Zip Code The Wood lands TX 77382 Employer (See SMC Amount of contribution (\$) # 100,00 Employer (See Instructions) Dawn Denman Contributor address; City; State; Zip Code 3 Grand Tsle Gnrot Tx 77304 Employer (See Instructions) Amount of contribution (\$) 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 Bob Bagley 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 9/30/17 6 Contributor address; City; State; Zip Code 77.38/ 723 Shenandoah Dr. Shenandoah TX 25.00 Principal accupation / Job title (See Instructions) 9 Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) Full name of contributor Out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 9/30/17 Samuel Allison Contributor address; City; State; Zip Code 179 Crockett Martin N Consect 77303 Principal occupation / Job title (See Instructions) Air Condition in Technician Anwork Services 100,00 Amount of contribution (\$) Robert Allison Contributor address; City; State; Zip Code 14993 Boyd Ln Control X 77306 Principal occupation / Job title (See Instructions) Air Condition; a Technician Anworth Services Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Dwner Robert Allison Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) ASAF Bail Bonds 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. Bob Bogley 5 Full name of contributor | out-of-state PAC (ID#: ) 7 A Dale Fessenden 6 Contributor address; City; State; Zip Code 5497 Whippor will Ref Caroefx 2>303 mation / Job title (See Instructions) 9 Employer (See Instructions) 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 25.00 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Cherry Fessender Contributor address; City; State; Zip Code 3497 Whippora:// Ad Connect 77 77303 Dation / Job title (See Instructions) Employer (See Instructions) 25.00 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Dora L. Musphree Contributor address; City; State; Zip Code 300.00 11675 Creek View (n Garge TX 77385 | Employer (See Instructions) Amount of contribution (\$) Suzanne Rogers Contributor address; City; State; Zip Code 77384 114 N Country Gate (or The Wood/auds Tx Principal occupation / Job title (See instructions) Refliced 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. Bob Bag/ey 4 Date 5 Full name of contributor out-of-state PAC (ID#: 12/30/17 6 Contributor address; City; State; Zip Code 5697 Whipporwill Rd. Conroc 1x 77363 8 Principal occupation Job title (See Instructions) 9 Employer (See Instructions) NASA 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 50.00 Amount of contribution (\$) Norma Jeter Contributor address; City; State; Zip Code 23618 Willow Switch RE Spring TX 77389 \$ 10.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Date Full name of contributor | out-of-state PAC (ID#: 14/31/17 Elizabeth Anderson Contributor address; City; State; Zip Code 503 Rosewood Dr Spring TX 7738/ Amount of contribution (\$) \$ 10.00 Principal occupation / Job title (See Instructions) Home maker Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Phi: | Cady | Contributor address! City; State; Zip Code | # 5. | 14429 Carpenter Rd Conroe TX 77302 Principal occupation / Job title (See Instructions) Duintin from Tochnician United Airlines Amount of contribution (\$) \$ 50.00 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  Bus Bagley  4 Date 5 5 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/ Nancy Holcomb 6 Contributor address; City; State; Zip Code	
8 Principal occupation Job title (See Instructions) Spring TX 77386 Employer (See Instructions)	tions)
Nurse LBJ Gene	ral Hospital
Date Full name of contributor	Amount of contribution (\$)
Nancy Holcomb  Contributor address; City; State; Zip Code  3614 Gable Landing Ln Spring TX 77386  Principal occupation / Job title (See Instructions) Employer (See Instructions)	200.00
3614 Gable Landing In Spring 1x 77386	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  LBJ General	al Hospilal
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code  1002 Westview Dr Consoe TX 77361	25.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	l ations)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Jennie Stephenson Contributor address; City; State; Zip Gode  9459 E. Woodmark Conres TX 77304	50.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N if contributor is out-of-state PAC, please see instruction guide for additional	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	al Committee 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 explain	s how to complete this form.			
1 Total pages Schedule F1	2 FILER NAME Bob Bagk	Zy	3 Filer ID (Ethics Commission Filers)		
4 Date /2/15/17	5 Payee name S	/			
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	1		
\$ 86.58	8185 SH 242 7	Le Woodlan de	TX 77385		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Office Supplie	1 <del></del>	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
<b>D</b> -4-	Payon same				
11/17/17	Payee name				
Antount (\$)	Payee address; City; State; Z	ip Code			
\$ 8.95	8185 SH 242 The	Woodlands T	£ 71 <i>385</i>		
PURPOSE OF EXPENDITURE	Office Supplies	Check if travel out	side of Texes. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O		<b>5</b> ·	į		
Date	Payee name				
10/25/17	Cos 100				
Amount (\$)	Payee address; City; State; Zi	p Code			
# 211,06	8185 SH 242 The	Woodland 5 17	77385		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	Check if travel out	side of Texas. Complete Schedule T. 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					

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advantising Expense Accounting Ex								
Accounting General Control Con	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Sob Bag/Ry   S Payee name   Sob Bag/Ry   Solids: Zip Code   Solids: Zip	Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	rials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa	nead/Rental Expense ense ense ages/Contract Labor	Transportation Equip Travel In District Travel Out Of Distric	ment & Related Expense
Complete CNLY if direct expenditure to benefit C/OH   Candidate / Office/holder name   Office sought   Candidate / Office/holder name   Office sought   Office/holder name   Office sought   Office/holder name   O	1 Total pages Schedule F1:	2 FILER N	Bub	Bagle	y		3 Filer ID (Ethics	s Commission Filers)
PURPOSE OF EXPENDITURE   (a) Category [See Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder filving expenses   Check if Austin, TX, officeholder filving expenses	4 Date /0 /16/17	5 Payee na	ly Arti	Ficavit	eh.			
PURPOSE OF EXPENDITURE    Check if Austin, TX, officeholder flving expense   Complete CNLY if direct expenditure to benefit CON     Candidate / Officeholder name   Office sought   Office heid     Complete CNLY if direct expenditure to benefit CON     Candidate / Officeholder name   Office sought   Office heid     Complete CNLY if direct expenditure to benefit CON     Category (See Categories listed at the top of this schedule)   Description     Category (See Categories listed at the top of this schedule)   Description     Check if sought   Officeholder flving expense     Check if sought   Officeholder flving expense     Complete CNLY if direct   Candidate / Officeholder name   Officeholder flving expense     Complete CNLY if direct   Candidate / Officeholder name   Officeholder flving expense     Complete CNLY if direct   Candidate / Officeholder name   Officeholder flving expense     Complete CNLY if direct   Candidate / Officeholder name   Officeholder flving expense	6 Amount (\$)	7 Payee ad	dress; C	city; State; Z	tip Code			
Date	PURPOSE OF				schedule)	Check if travel or	•	
Amount (\$) Payee address; City; State; Zip Code    200.06			ate / Officeholde	r name	t	Office sought		Office held
PURPOSE OF EXPENDITURE  Candidate / Office holder name  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Description Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office held	/ /	_		of la	yne			
PURPOSE OF EXPENDITURE    Check if Austin, TX, officeholder living expense	4	Payee ad	dress; C	eity; State; Z	Tip Code			
Date  Payee name  /// 13/17  Montgomery County Elections  Amount (\$)  Payee address; City; State; Zip Code  4/5, 00  9/59 Airport Rd Carbe TX 77 363  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Office sought  Office held	OF				schedule)	Check if travel ou	-	
Amount (\$) Payee address; City; State; Zip Code  4/5.00  PURPOSE OF EXPENDITURE  Amount (\$) Payee address; City; State; Zip Code  Candidate / Office holder name  City; State; Zip Code  City; State; Zip Code			ate / Officeholder	name	*	Office sought		Office held
PURPOSE OF EXPENDITURE  Candidate / Office held  Quarter TX 77 363  Category (See Categories listed at the top of this schedule)  Description  Check if varied outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought		-		meri/	Cour	by Elect.	) , 5H5	
PURPOSE OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held		-						
Complete CINET if the city	OF	_		d at the top of this s	schedule)	Check if travel ou		
emperioration as assistant strate.	Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholde	r name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATT	ACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME Bab Backy		3 Filer ID (Ethics Commission Filers)		
4 Date 10/18/17	5 Payee name  Montgomery Co 7 Payee address; City; State; Zi	ander Sterland	źne		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code /			
\$ 15.00	9159 Airport Rd	Conne TX	77303		
8	(a) Category (See Categories listed at the top of this sa				
PURPOSE OF		1 —	tside of Texas. Complete Schedule T. , TX, officeholder fiving expense		
EXPENDITURE	Printing	Greek & Addan	, in and one in ing apprecia		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/3/17	C055 C0				
Amount (\$)	Payee address; City; State; Zi	p Code			
\$ 74.95	8185 SH 242 The	Woodlands 1	X 77385		
PURPOSE	Category (See Categories listed at the top of this so	l —	side of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/6/17	Walmart				
Amount (\$)	Payee address; City; State; Zi	p Code			
# 11,81	3040 College Park 1	The Woodla	nds [x 77384		
	Category (See Categories listed at the top of this so	! <del></del>			
PURPOSE OF EXPENDITURE	Oddice Supplies		side af Texas. Complete Schedule T. TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Safaries/Wages/Contract Labor us how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME BOL Bag	ky	3 Filer ID (Ethics Commission Filers)	
4 Date 7//1/17	5 Payee name  OFFICA DER	st		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	***************************************	
\$93,05	1319 W Davis St	Conroe TX	77304	
8	(a) Category (See Categories listed at the top of this s	1 [	destructure Complete Calculate T	
PURPOSE OF EXPENDITURE	Office Supplies		rtside of Texas. Complete ScheduleT.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11/26/17	Office Depot	•		
Amount (\$)	Payee address; City; State; Z	ip Code	ART TO THE PARTY OF THE PARTY O	
434.63	1319 W Davis 5+	Conroe Tx	77304	
	Category (See Categories listed at the top of this s		iside of Texas, Complete Schedule T.	
PURPOSE OF EXPENDITURE	Office Supplies	ļ <del>-</del>	.TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/19/17	Office Depot	c		
Amount (\$)	Payee address; City; state; Z	ip Code		
\$91.08	1319 W Davis 5+	Course FX	77304	
PURPOSE	Category (See Categories listed at the top of this s	chedule) Description	iside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Supplies	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				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME Bob Bas	e lev	3 Filer ID (Ethics Commission Filers)	
4 Date 9 (30/17	5 Payee name Low 65	1 7		
6 Amount (\$)		Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
\$ 43.57	3092 College Park	Dr Conroe	1× 77384	
8	(a) Category (See Categories listed at the top of this	i	itside of Texas. Compléte Schedule T.	
PURPOSE OF EXPENDITURE	Event Expense		, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
9/14/17	Office Depo	<i>†</i>		
Amount (\$)	Payee address; City; State;	Zip Code		
\$ 19.20	1319 W Davis 5+	Conroe	77304	
PURPOSE	Category (See Categories listed at the top of this	1	iside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Supplies	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/25/17	C05100		_	
Amount (\$)	Payee address; City; State;	Zip Code		
\$4680	8185 5/1242	77.0	s TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel out	iside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIE	OF THIS SCHEDULE AS NEE	DED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Gredit Card Payment	Fees C Food/Beverage Expense F by Gift/Awards/Memorials Expense F	Diffice Overhead/Rental Expense Trans Polling Expense Trave Printing Expense Trave Salaries/Wages/Contract Labor Othe	itation/Fundraising Expense sportation Equipment & Related Expense al In District al Out Of District r (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Bob Bagk	<i>y</i> 3 Fi	er ID (Ethics Commission Filers)		
4 Date	5 Payee name / East Montgomery	County Sports As	Sociation		
6 Amount (\$) \$350.00	PO BOX 1508	Code / /			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho	edule) (b) Description  Check if travel outside of 1	Texas. Complete Schedule T. Riceholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 12/6/17	Payee name Fast Signs				
Amount (\$) *	Payee address; City, State; Zip  206 H S. Loop 336 W  Conroll TX 77309				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sold	Check if travel outside of T	exas. Complete Schedule T. Iceholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date (2/23/17	Bryan t's Sig hs				
Amount (\$) 216.50	Payee address; City; State; Zip. 23604 Roberts Rd New Cancy 7X	77357	,		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outside of To	exas. Complete Schedule T. iceholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (entier a category not listed above)			
1 Total pages Schedule F1	2 FILER NAME BOB Bag /	'ey	3 Filer ID (Ethics Commission Filers)			
8/23/17	5 Payee name QwK PiCS					
6 Amount (\$) 48.7/	7 Payee address; City; State; Zig 25239 Budde Rd The Wordlands	p Code 5 fe 4 04 TK 773	80			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date 9/29/17	Payee name  Quik Pics					
Amount (\$)	Payee address; City; State; Zit 25239 Budde Rd The Woodlands	Code She 604 TX 77380				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outs	tide of Texas. Complete Schedule T.  TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
9/15/17	Quik Pies					
Amount (\$) 63.87	Payee address; City; State; Zip 25239 Budde Stee The Woodlands	o Code 604 TX 77387	·			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outs	ide of Texas. Complete Schedule T. 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					

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Gitt/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains	Office Overthead/Rental Expense Trans Polling Expense Trave Salaries/Wages/Contract Labor Other how to complete this form.	itation/Fundraising Expense sportation Equipment & Related Expense el In District el Out Of District r (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Bob Bagle	<b>y</b> 3 Fi	ler ID (Ethics Commission Filers)		
12 (30/17	5 Payee name				
6 Amount (\$) \$ 2.70	7 Payee address; City: State: Zip 580 Howard Street San Francisco, Ci	# 402			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sof	Check if travel outside of	Texas. Complete Schedule T. Tilceholder Iliving expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date 12/31/17	Payee name Piryx				
Amount (\$)	Payee address; City; State; Zip 580 Howard Street San Francisco,	#402			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description Check if travel outside of T	exas. Complete Schedule T. Toeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date /1/13/17	Payee name Fearless Baxine	Grm			
Amount (\$)	Fearless Baxing Payee address; City; State; Zp	Code			
300,00			301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outside of T	exas. Complete Schedule T. Iceholder Ifving expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Glit/Awards/Memortals Expense Printing	Overhead/Rental Expense Transport Expense Travel (in Expense Sex) Expense Other (expense Sex) Travel (in Expense Sex) Travel (	ion/Fundraising Expense ortation Equipment & Related Expense n District Out Of District onter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Bob Bagky	3 Filer	ID (Ethics Commission Filers)		
4 Date 10/17/17	5 Payee name Quik Pics				
6 Amount (\$) 74.69	The Woodlands T	x 77380			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing	(b) Description  Check if travel outside of Tex  Check if Austin, TX, office	·		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
14/11/17 Amount (5)	Payee name  Montgomery Cony Payee address; City; State; Zip Code	ly Republican	Party		
1,250 · 00	310 Metcalf Street	Conroe TV 773	301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texa	•		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date / 1/17/17	Payee name  EBAY				
Amount (\$)	Payee address; City; State; Zip Code	•			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expenses	Description Check if travel outside of Text Check if Austin, TX, office	eholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name ਖ	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				