

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---------------------------------------|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |

OFFICE USE ONLY

Date Received

Date Handled / Processed / Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS 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

\$

18 AFFIDAVIT



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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 18th day of Jan, 20 18, to certify which, witness my hand and seal of office.

Stephanie Lucado
Signature of officer administering oath

Stephanie Lucado
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME *Bob Bagley*

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3990.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2650.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4951.37 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|--|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 | |
| 2 FILER NAME Bob Bagley | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 2,650 | |
| 5 Date 9/30/17 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Lucas | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; Zip Code 3941 Butler Rd Comer TX 77301 | \$ 1,150.00 | Facility |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Rancher | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Self | |
| 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 9/30/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manny T. Mayl | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code 13817 4559 Business Splendora TX 77372 | \$ 200.00 | Food |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner | | Employer (FOR NON-JUDICIAL) (See Instructions) Splendora Cafe & BBQ | |
| 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) | | | |

| | | | |
|--|--|--|--|
| | | | |
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| | | | |
| | | | |

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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME <i>Bob Bagley</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>9/30/17</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Harping</i> | 8 Amount of Contribution \$ <i>\$1,100.00</i> | 9 In-kind contribution description <i>Food</i> |
| 7 Contributor address; City; State; Zip Code <i>20126 Loop 494 New Caney TX 77357</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Owner</i> | | 11 Employer, (FOR NON-JUDICIAL) (See Instructions) <i>Fish Tales</i> | |
| 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 <i>9/30/17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne Rogers</i> | Amount of Contribution \$ <i>\$200.00</i> | In-kind contribution description <i>Food</i> |
| Contributor address; City; State; Zip Code <i>114 N Country Gate Cir The Woodlands TX 77384</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i> | | 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Bob Bagley**

3 Filer ID (Ethics Commission Filers)

4 Date
9/30/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelli Cook
6 Contributor address; City; State; Zip Code
14218 FM 1097W Willis TX 77318

7 Amount of contribution (\$)
\$400.00

8 Principal occupation / Job title (See Instructions)
Rancher

9 Employer (See Instructions)
Self

Date
9/30/17

Full name of contributor out-of-state PAC (ID#: _____)
Dale Fessenden
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/30/17

Full name of contributor out-of-state PAC (ID#: _____)
Greg Trejo
Contributor address; City; State; Zip Code
298155 Legends Chase Cir Spring TX 77386

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Tamara Yollick
Contributor address; City; State; Zip Code
PO Box 7571 The Woodland TX 77387

Amount of contribution (\$)
\$1,500.00

Principal occupation / Job title (See Instructions)
Home maker

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bob Bagley

3 Filer ID (Ethics Commission Filers)

4 Date

12/31/17

5 Full name of contributor

Agnes Koch

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

2203 Riva Row #1409 The Woodlands TX 77380

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/31/17

Full name of contributor

Annie Strack

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

1453 E. 340th Rd Bolivar MO 65613

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

USAF

Date

12/31/17

Full name of contributor

Kevin Williams

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

26 Rippled Pond Cir The Woodlands TX 77382

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

JMC Global

Date

10/12/17

Full name of contributor

Dawn Denman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

3 Grand Isle Conroe TX 77304

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bob Bagley

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Maritza Fletcher

6 Contributor address;

City; State; Zip Code

723 Shenandoah Dr Shenandoah TX 77381

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/17

Full name of contributor

out-of-state PAC (ID#: _____)

Samuel Allison

Contributor address;

City; State; Zip Code

179 Crockett Martin N Conroe TX 77303

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Air Conditioning Technician

Employer (See Instructions)

Anwoth Services

Date

9/30/17

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Allison

Contributor address;

City; State; Zip Code

14993 Boyd Ln Conroe TX 77306

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Air Conditioning Technician

Employer (See Instructions)

Anwoth Services

Date

9/30/17

Full name of contributor

out-of-state PAC (ID#: _____)

Georgette Whatley

Contributor address;

City; State; Zip Code

102 Pine St Conroe TX 77301

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

ASAP 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bob Bagley

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Dale Fessenden

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

5697 Whipperwill Rd Conroe TX 77303

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/17

Full name of contributor out-of-state PAC (ID#: _____)

Cherry Fessenden

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

5697 Whipperwill Rd Conroe TX 77303

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/17

Full name of contributor out-of-state PAC (ID#: _____)

Dora L. Musphree

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

11675 Creek View Ln Conroe TX 77385

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/17

Full name of contributor out-of-state PAC (ID#: _____)

Suzanne Rogers

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

114 N Country Gate Cir The Woodlands TX 77384

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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

Bob Bagley

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Dale Fessenden

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

5697 Whipcorwill Rd. Conroe TX 77303

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

NASA

Date

12/30/17

Full name of contributor out-of-state PAC (ID#: _____)

Norma Jeter

Amount of contribution (\$)

\$ 10.00

Contributor address; City; State; Zip Code

23618 Willow Switch Rd Spring TX 77389

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12/31/17

Full name of contributor out-of-state PAC (ID#: _____)

Elizabeth Anderson

Amount of contribution (\$)

\$ 10.00

Contributor address; City; State; Zip Code

503 Rosewood Dr Spring TX 77381

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Self

Date

12/31/17

Full name of contributor out-of-state PAC (ID#: _____)

Phil Cady

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

14429 Carpenter Rd Conroe TX 77302

Principal occupation / Job title (See Instructions)

Aviation Technician

Employer (See Instructions)

United Airlines

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

Bob Bagley

3 Filer ID (Ethics Commission Filers)

4 Date

8/11/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Nancy Holcomb

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

3614 Gable Landing Ln Spring TX 77386

8 Principal occupation / Job title (See Instructions)

Nurse

9 Employer (See Instructions)

LBJ General Hospital

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Nancy Holcomb

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

3614 Gable Landing Ln Spring TX 77386

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

LBJ General Hospital

Date

7/6/17

Full name of contributor out-of-state PAC (ID#: _____)

Lida Jo Ferguson

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1002 Westview Dr Conroe TX 77361

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/17

Full name of contributor out-of-state PAC (ID#: _____)

Jennie Stephenson

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

9459 E. Woodmark Conroe TX 77304

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------|---------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 9 | 2 FILER NAME: Bob Bagley | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---------------------------------|---------------------------------------|

| | |
|-------------------------|-----------------------------|
| 4 Date: 12/15/17 | 5 Payee name: COSTCO |
|-------------------------|-----------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$): \$86.58 | 7 Payee address; City; State; Zip Code: 8185 SH 242 The Woodlands TX 77385 |
|-------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Office Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: 11/17/17 | Payee name: COSTCO |
|-----------------------|---------------------------|

| | |
|----------------------------|---|
| Amount (\$): \$8.95 | Payee address; City; State; Zip Code: 8185 SH 242 The Woodlands TX 77385 |
|----------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Office Supplies | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

| | |
|-----------------------|---------------------------|
| Date: 10/25/17 | Payee name: COSTCO |
|-----------------------|---------------------------|

| | |
|------------------------------|---|
| Amount (\$): \$211.06 | Payee address; City; State; Zip Code: 8185 SH 242 The Woodlands TX 77385 |
|------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Office Supplies | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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 <i>Bob Bagley</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10/16/17</i> | | 5 Payee name <i>Emily Artificavitch</i> | | | |
| 6 Amount (\$) <i>\$150.00</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>10/28/17</i> | | Payee name <i>Stay Out of Layne</i> | | | |
| Amount (\$) <i>\$200.00</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Donation</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>10/23/17</i> | | Payee name <i>Montgomery County Elections</i> | | | |
| Amount (\$) <i>\$15.00</i> | | Payee address; City; State; Zip Code <i>9159 Airport Rd Conroe TX 77303</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Printing</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|-----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Bob Bagley</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date <i>10/18/17</i> | 5 Payee name <i>Montgomery County Elections</i> |
|---------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) <i>\$15.00</i> | 7 Payee address; City; State; Zip Code <i>9159 Airport Rd Conroe TX 77309</i> |
|---------------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|-----------------------------|
| Date <i>8/3/17</i> | Payee name <i>COSTCO</i> |
|-----------------------|-----------------------------|

| | |
|-------------------------------|---|
| Amount (\$) <i>\$74.95</i> | Payee address; City; State; Zip Code <i>8185 SH 242 The Woodlands TX 77385</i> |
|-------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|------------------------------|
| Date <i>12/6/17</i> | Payee name <i>Walmart</i> |
|------------------------|------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) <i>\$11.81</i> | Payee address; City; State; Zip Code <i>3040 College Park D The Woodlands TX 77384</i> |
|-------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Office Supplies</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|-----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Bob Bagley</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

| | |
|--------------------------|-------------------------------------|
| 4 Date <i>7/17/17</i> | 5 Payee name <i>Office Depot</i> |
|--------------------------|-------------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) <i>\$93.05</i> | 7 Payee address; City; State; Zip Code <i>1319 W Davis St Conroe TX 77304</i> |
|---------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Office Supplies</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>11/26/17</i> | Payee name <i>Office Depot</i> |
|-------------------------|-----------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) <i>\$34.63</i> | Payee address; City; State; Zip Code <i>1319 W Davis St Conroe TX 77304</i> |
|-------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Office Supplies</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

| | |
|-------------------------|-----------------------------------|
| Date <i>11/19/17</i> | Payee name <i>Office Depot</i> |
|-------------------------|-----------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) <i>\$91.08</i> | Payee address; City; State; Zip Code <i>1319 W Davis St Conroe TX 77304</i> |
|-------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Office Supplies</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|-----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Bob Bagley</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

| | |
|--------------------------|--------------------------------|
| 4 Date <i>9/30/17</i> | 5 Payee name <i>Lowie's</i> |
|--------------------------|--------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) <i>\$ 43.57</i> | 7 Payee address; City; State; Zip Code <i>3052 College Park Dr Conroe TX 77384</i> |
|----------------------------------|---|

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|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/14/17</i> | Payee name <i>Office Depot</i> |
|------------------------|-----------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) <i>\$ 19.20</i> | Payee address; City; State; Zip Code <i>1319 W Davis St Conroe TX 77304</i> |
|--------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Office Supplies</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

| | |
|------------------------|-----------------------------|
| Date <i>9/25/17</i> | Payee name <i>COSTCO</i> |
|------------------------|-----------------------------|

| | |
|--------------------------------|---|
| Amount (\$) <i>\$ 46.80</i> | Payee address; City; State; Zip Code <i>8185 SH 242 The Woodlands TX 77385</i> |
|--------------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Transportation/Gas</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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 Bob Bagley | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

| | |
|----------------------------------|---|
| 4 Date | 5 Payee name East Montgomery County Sports Association |
| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code PO Box 1508 New Caney TX 77357 |

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expenses | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------------|--|
| Date 12/6/17 | Payee name Fast Signs |
| Amount (\$) 898.48 | Payee address; City; State; Zip Code 206 H S. Loop 336 W Conroe TX 77304 |

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------------|--|
| Date 12/23/17 | Payee name Bryan's Signs |
| Amount (\$) 216.50 | Payee address; City; State; Zip Code 23604 Roberts Rd New Caney TX 77357 |

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: **Bob Bagley** 3 Filer ID (Ethics Commission Filers)

4 Date: **8/23/17** 5 Payee name: **Quik Pics**

6 Amount (\$): **48.71** 7 Payee address; City; State; Zip Code: **25239 Budde Rd Ste 604 The Woodlands TX 77380**

8 PURPOSE OF EXPENDITURE: **Printing**
 (a) Category (See Categories listed at the top of this schedule)
 (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/OH
 Candidate / Officeholder name Office sought Office held

Date: **9/29/17** Payee name: **Quik Pics**

Amount (\$): **108.25** Payee address; City; State; Zip Code: **25239 Budde Rd Ste 604 The Woodlands TX 77380**

PURPOSE OF EXPENDITURE: **Printing**
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **9/15/17** Payee name: **Quik Pics**

Amount (\$): **63.87** Payee address; City; State; Zip Code: **25239 Budde Ste 604 The Woodlands TX 77380**

PURPOSE OF EXPENDITURE: **Printing**
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Bob Bagley | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------|---------------------------------------|

| | |
|------------------------|---------------------------|
| 4 Date 12/30/17 | 5 Payee name Piryx |
|------------------------|---------------------------|

| | |
|------------------------------|--|
| 6 Amount (\$) \$ 2.70 | 7 Payee address; City; State; Zip Code 580 Howard Street # 402 San Francisco, CA 94105 |
|------------------------------|--|

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|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|---|

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|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------------|-------------------------|
| Date 12/31/17 | Payee name Piryx |
|----------------------|-------------------------|

| | |
|-----------------------------|--|
| Amount (\$) \$ 16.20 | Payee address; City; State; Zip Code 580 Howard Street # 402 San Francisco, CA 94105 |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

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

| | |
|----------------------|---------------------------------------|
| Date 11/13/17 | Payee name Fearless Boxing Gym |
|----------------------|---------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) 300.00 | Payee address; City; State; Zip Code 1216 S. Frazier Corrae TX 77301 |
|---------------------------|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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 <i>Bob Bagley</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/17/17</i> | 5 Payee name <i>Quik Pics</i> | |
| 6 Amount (\$) <i>74.69</i> | 7 Payee address; City; State; Zip Code <i>25329 Budde Rd Ste604 The Woodlands TX 77380</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>11/11/17</i> | Payee name <i>Montgomery County Republican Party</i> | |
| Amount (\$) <i>1,250.00</i> | Payee address; City; State; Zip Code <i>310 Metcalf Street Conroe TX 77301</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fees</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>11/17/17</i> | Payee name <i>EBAY</i> | |
| Amount (\$) <i>159.99</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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