CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	<u></u>	· .			
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR /Ing NICKNAME LAST Meyrit	MI 	OFFICE USE ONLY Date Becelos LLC //CAG		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CIT PO 176/ New (Abecause Code Phone Number (979) 637~ 8826		Date Hand-delivered of Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST / ID a NICKNAME LAST MeN. H	MI 	Receipt # Amount \$ Date Processed Date imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	1979 637-862C	EXTENSION			
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year / 15 / 15	THROUGH OI			
11 ELECTION	Month Day Year Primary 3 / 3 / 0 General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD .(if any)	13 OFFICE SOUGHT (If known Mondyonky Constable	County # 21		
GO TO PAGE 2					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

.nr

Event Expense Fees Food/Baverage 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Gredit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Chack it Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 000 Reimbursement from political contributions Conroe, TX intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Licheck if Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

ær.

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fer For By Giff cal Committee Leg	od/Beverage Expense #Awards/Memorials Expense gal 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 G:	King	Merrit		3 Filer ID (Ethics Commission Filers)		
4 Date W-47-19	5 Payee name	on the Ch	ls p			
6 Amount (\$) 397.47	7 Payee addres	1 1	ip Code	1		
Reimbursement from political contributions intended	··· · · · · · · · · · · · · · · · · ·	- 661- 9239				
8 PURPOSE OF	(a) Category (Sea Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE '	140 VEVIISI	of Capensa	Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/4		Officeholder name	Office sought	Office held		
Date	Payee name					
11-28-19	Vista	Print				
Amount (\$)	Payee address	s; City; State; Z Adduss	ip Code	-		
Reimbursement from political contributions intended	1711012	r ruches	; ;	, .		
PURPOSE	Category (See 0	Categories listed at the top of this s	chedule) (b) Description			
OF EXPENDITURE	Advota	in Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit G/O	Candidate / DH	Officeholder name	Office sought	; Office held		
	······································					
Date 10-14-19	Payee name	TA Print				
Amount (\$)	Payee,address	City; State; Z	ip Code			
207,83	Intern-	ed Address				
Reimbursement from political contributions intended		. 9				
PURPOSE	Category (See C	ategories listed at the top of this so	.			
OF EXPENDITURE	Advertis	the ENDENSE	} [] ·	ide of Texas, Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate /	Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Æί

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Gredit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethlos Commission Filers) 4 Date 5 Payee name City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE __ Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 8-15-19 Amount (\$) New PANEY TX 77357 intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Experse EXPENDITURE Light Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7-20-19 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ing M	erri H	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		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	l .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,754.07			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$					
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. JOAN L BELT Notary Public, State of Texas Comm. Expires 09-22-2023 Notary ID 194888-8						
/ Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said King Merrit , this the 13th						
day of January 20 20 to certify which, witness my hand and seal of office.						
X pand. Belt Joan L. Belt Notary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						