CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST М **OFFICEHOLDER** Clyde NAME NICKNAME LAST **SUFFIX** Vogel CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 3311 Hamilton Circle MAILING **ADDRESS** Change of Address Conroe, TX 77304 Date Processed Date Imaged CAMPAIGN MS/MRS/MR М TREASURER Mechelle NAME NICKNAME SUFFIX APT / SUITE #; CAMPAIGN ZIP CODE TREET ADDRESS (NO PO BOX PLEASE); APTIS 1210 ST. Lawrence River Kd Mongomery DY **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 524-1862 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Year Month Day Month Day Year COVERED 07/01/2019 THROUGH 12/31/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Other Runoff 03/03/2020 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) MONTGOMERY COUNTY CONSTABLE, PCT 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 41

				20141		
13 C / OH NAME	Vogel, Clyde		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officeh	older's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		,, <u></u>		
_	GENERAL	COMMITTEE ADDRESS		-		
	SPECIFIC	COMMITTEE ADDRESS				
	Sr Zell le					
·		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	 SS			
16 CONTRIBUTION	1. TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER	THAN PLEDGES	<u> </u>		
TOTALS	LOANS, OR GUA	ARANTEES OF LOANS), UNLESS ITEMIZED	TIVAL ELDOZO,	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 23,817.00		
EXPENDITURE TOTALS	3. TOTAL POLITICA	AL EXPENDITURES OF \$1.00 OR LESS, UNLESS	ITEMIZED	\$ 0.00		
		AL EXPENDITURES	· · · · · · · · · · · · · · · · · · ·			
				\$ 16,096.79		
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 7,861.66		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFADAVIT				- 1000		
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
	KEVIN JOHNSON My Notary ID # 130438631 Expires November 12, 2023	Signature of	Candidate or Officehold	er		
AFFIX NOT	TARY STAMP / SEAL ABO	DVE				
Sworn to and subsc	Sworn to and subscribed before me, by the said / Yell / Oge , this the /5 day of Selfice , 20 80 , to certify which, witness my hand and seal of office.					
Signature of office	er administering	Kevin Johnson Printed name of officer administering	<i>Notary</i> Title of officer a	Public administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 41

18 FIL	ER NAN					
Vo	gel, Cly	/de				
20 SC	HEDUL	E SUBTOTALS		Ι		
		SCHEDULE			SUBTOTAL AMOUNT	
147	WIE 01	OOTEPOLL				
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,280.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	13,537.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE E: LOANS		\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	16,096.79	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	·	\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	ALAS HA	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/9 Rpt: 4/41 2 FILER NAME 3 Filer ID Vogel, Clyde 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/10/2019 BEAVERS, SARAH \$35.00 6 Contributor address; City; State; Zip Code TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/10/2019 BRENT, RICHARD \$500.00 Contributor address; City; State; Zip Code 4892 OLD HWY 105 W CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) **REAL ESTATE** SELF EMPLOYED Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Beavers, Billy (Mr.) 09/10/2019 \$110.00 Contributor address; City; State; Zip Code 300 Scarborough Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) **OFFICER** MONTGOMERY COUNTY Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/10/2019 Bowers, MARY \$100.00 Contributor address; City; State; Zip Code 5901 W. Davis Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of Contribution (\$) 09/10/2019 Buckalew, Donnie (Mr.) \$40.00 Contributor address; City; State; Zip Code PO Box 500 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/9 Rpt: 5/41 2 FILER NAME 3 Filer ID Vogel, Clyde 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/10/2019 Buckalew, Donnie (Mr.) \$90.00 6 Contributor address; City; State; Zip Code PO Box 500 Conroe, TX 77305 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) MANAGER **BUCKALEW CHEVROLET** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/10/2019 Buckalew, Donnie (Mr.) \$30.00 Contributor address; City; State; Zip Code PO Box 500 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) MANAGER **BUCKALEW CHEVROLET** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 CASH, HEATHER \$230.00 Contributor address; City; State; Zip Code TΧ Principal occupation / Job title (See Instructions) Employer (See Instructions) **OFFICER** MONTGOMERY COUNTY Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/10/2019 CULLUM, RHONDA \$120.00 Contributor address; City; State; Zip Code TΧ Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/10/2019 CURLEE, CANDY \$35.00 Contributor address; City; State; Zip Code ΤX Principal occupation / Job title (See Instructions) Employer (See Instructions) **OFFICE** SURVEYS

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/9 Rpt: 6/41 2 FILER NAME 3 Filer ID Vogel, Clyde 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 CURLEE, MARK \$30.00 6 Contributor address; City; State; Zip Code TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **BODY SHOP OWNER** SELF EMPLOYED Full name of contributor Date out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/10/2019 CURLEE, MARK \$600.00 Contributor address; City; State; Zip Code TX Principal occupation / Job title (See Instructions) Employer (See Instructions) **BODY SHOP OWNER** SELF EMPLOYED Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/10/2019 CURLEE, MARK \$75.00 Contributor address; City; State; Zip Code 127 DAWNS EDGE MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) BODY SHOP OWNER SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 Curlee, Candy (Mrs.) \$110.00 Contributor address; City; State; Zip Code PO Box 3424 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/10/2019 Curlee, Candy (Mrs.) \$40.00 Contributor address; City; State; Zip Code PO Box 3424 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/9 Rpt: 7/41 2 FILER NAME 3 Filer ID Vogel, Clyde Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/10/2019 DYER, DAPHNE \$40.00 6 Contributor address; City; State; Zip Code TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 DYER, DAPHNE \$75.00 Contributor address; City; State; Zip Code 12639 BRANDI LN **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 Faulkner, Belinda (Mrs.) \$40.00 Contributor address; City; State; Zip Code 14141 Hwy 105 E Conroe, TX 77306 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/10/2019 HALITI, BESNICK \$100.00 Contributor address; City; State; Zip Code 24326 KINGBRIAR DR SPRING, TX 77373 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/10/2019 HALITI, JOE \$25.00 Contributor address; City; State; Zip Code 1604 N FRAZIER CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) RESTAURANT SELF EMPLOYED

	MONEI	ARY POLITICAL CON	IRIBUTION	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this forn	n.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/41	
2	FILER NAME Vogel, Clyde				3	Filer ID	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 09/10/2019 Haliti, Nick (Mr.)			7	Amount of Contribution (\$)	\$25.00	
		6 Contributor address; City; State; Zip 24326 Kingbridge Ln	Code				
		Spring, TX 77373					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions SELF EMPLOYED)	***************************************	
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2019	Harris, Trey (Mr.)					\$2,450.00
		Contributor address; City; State; Zip	Code				
		155 AUTUMN WAY					
		HUNTSVILLE, TX 77320					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L ;)		
			İ				
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2019	INMAN, DALE					\$450.00
		Contributor address; City; State; Zip	Code				
		l _{TX}					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L ;)	W-M-V-07-FHI	
	BUILDER			SELF EMPLOYED			
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2019	INMAN, DALE					\$10.00
		Contributor address; City; State; Zip	Code				
		TX					
	Principal occu	pation / Job title (See Instructions)	···	Employer (See Instructions	۱ ا		
	BUILDER	,,		SELF EMPLOYED	,		
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	****
	09/10/2019	Key, John (Mr.)					\$120.00
		Contributor address; City; State; Zip	Code				
		2785 W. Geronimo Trl					
		Claveland TV 77229					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions) 	**************************************	
	. moipar occu	passer voo aso (ooo moduosono)		Employer tooc mandenons	')		
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	MONET	`A	RY POLITICAL CO	NTRIBUTIO	NS 		SCHEDUI	_E A1
	The Instru	cti	on Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/41	
2	FILER NAME Vogel, Clyde)				3	Filer ID	
4	Date 09/10/2019	5	Full name of contributor MILLER, RUSSELL	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,475.00
		6	Contributor address; City; State; PO BOX 387	Zip Code				
		_	CONROE, TX 77305					
8	Principal occu BUILDER	pat	ion / Job title (See Instructions)		9 Employer (See Instructions SELF EMPLOYED	s)		
	Date 09/10/2019			out-of-state PAC (ID#:)		Amount of Contribution (\$)	Φ00E ΔΩ
	09/10/2019		Morton, RICKY Contributor address; City; State;	Zin Code				\$225.00
			The state of the s	2.6 0000				
			TX					
	Principal occu	pat	ion / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
					SELF EMPLOYED			
	Date			out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2019		Morton, RICKY	Zin Codo				\$225.00
			Contributor address; City; State;	Zip Code				
			TX		4			
	Principal occu	pat	ion / Job title (See Instructions)		Employer (See Instructions	L 5)	And an internal in the second	
					SELF EMPLOYED			
	Date		<u></u>	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2019		NALEWAY, JAMIE Contributor address; City; State;	Zio Codo	***************************************			\$75.00
			Continuator address, City, State,	Zip Code				
			TX 77303					
	Principal occu MORTGAGE		ion / Job title (See Instructions)		Employer (See Instructions CORE LENDING	;)	**************************************	
	Date		_	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2019	ļ	NALEWAY, JAMIE					\$130.00
			Contributor address; City; State; 9012 WATER BUCK LANE	Zip Code				
····			CONROE, TX 77303					
	Principal occu MORTGAGE		ion / Job title (See Instructions)		Employer (See Instructions CORE LENDING	s)		
							. ,	· · · · · · · · · · · · · · · · · · ·

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/9 Rpt: 10/41 2 FILER NAME 3 Filer ID Vogel, Clyde 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of Contribution (\$) 09/10/2019 POOL, JOYCE \$35.00 6 Contributor address; City; State; Zip Code 300 METCALF #7 CONROE, TX 77301 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/10/2019 Pawlik, Dwayne (Mr.) \$450.00 Contributor address; City; State; Zip Code PO Box 1282 George West, TX 78022 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 REAGAN, KEITH \$750.00 Contributor address; City; State; Zip Code 11525 FM 1485 **CONROE, TX 77306** Principal occupation / Job title (See Instructions) Employer (See Instructions) **MANAGER GABBYS CRANE & RIGGING** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2019 SELLERS, TAMMIE \$15.00 Contributor address; City; State; Zip Code 3314 ROLLINGWOOD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 09/10/2019 SHARP, MIKE \$510.00 Contributor address; City; State; Zip Code 425 OAKLAND CT CONROE, TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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The Instruc	tion Guide explains how to complete this form.	· •	ges Schedule A1: 9 Rpt; 11/41	
FILER NAME Vogel, Clyde		3 Filer ID		
	Date 5 Full name of contributor out-of-state PAC (ID#:)		of Contribution (\$)	\$60.0
	6 Contributor address; City; State; Zip Code 425 OAKLAND CT			
	CONROE, TX 77302			
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:) SHARP, MIKE Contributor address; City; State; Zip Code 425 OAKLAND CT) Amount	of Contribution (\$)	\$50.0
	CONROE, TX 77302			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:) STEINMAN, BERT Contributor address; City; State; Zip Code 1915 N FRAZIER STE 104 CONROE, TX 77301) Amount	of Contribution (\$)	\$50.0
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	******	
Date 09/10/2019	Full name of contributor) Amount	of Contribution (\$)	\$300.0
	201 River Pointe Dr. Apt 522 Conroe, TX 77304			
Principal occup	action / Job title (See Instructions) Employer (See Instruct	tions)	****	*** *
Date 09/10/2019	Full name of contributor) Amount	of Contribution (\$)	\$60.0
	Contributor address; City; State; Zip Code 166 Climbing Oaks Pl			
Principal occur	Montgomery, TX 77316 action / Job title (See Instructions) Employer (See Instructions)	tions)	ETT PLANTAGE AND ALL MANAGE.	
	by Texas Ethics Commission www.ethics.state.tx.us			

	MONET	ARY POLITICAL CONTRIBUT	IONS	:	SCHEDULE	₌ A1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Sch Sch: 9/9 Rpt:		
2	FILER NAME Vogel, Clyde			3 Filer ID		
4	Date 09/10/2019	 Full name of contributor out-of-state PAC (ID VOGEL, GINGER Contributor address; City; State; Zip Code 13607 ROSE RD WILLIS, TX 77378 	#:)	7 Amount of Cont	ribution (\$)	\$75.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 09/10/2019	Full name of contributor out-of-state PAC (ID Vogel, Colt (Mr.) Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316	#:)	Amount of Cont	ribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
**	Date 09/10/2019	Full name of contributor out-of-state PAC (ID Vogel, Colt (Mr.) Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316		Amount of Cont	ribution (\$)	\$205.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ins)		
	Date 09/10/2019	Full name of contributor out-of-state PAC (ID Vogel, Colt (Mr.) Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316		Amount of Cont	ribution (\$)	\$70.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:		
2 FILER NAME	7.1 ************************************		Sch: 1/14 Rpt: 13/41		
Vogel, Clyde					
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 09/10/2019 7 Contributor address; City; State; Zip Code 3311 HAMILTON CIRCLE CONROE, TX 77304			8 Amount of contribution (\$) In-kind contribution description \$1,735.00 RIFLE, SHOTGUN, SAVAGE, PISTOL, 9MM PISTOL, 9MM PISTOL I FOR AUCTION Check if travel outside of Texas. Complete Schedule T.		
10 Principal occup	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's e	mployer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)	!			
Date 09/10/2019 	Full name of contributor out-of-state PAC (ID#: ACCORD, AUDREY Contributor address; City; State; Zip Code 6316 HWY 75 S MADISONVILLE, TX 77864		Amount of In-kind contribution contribution (\$) description \$150.00 PHOTOGRAPHY PACKAGE		
Principal occur	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.		
PHOTOGRA	· · · · · · · · · · · · · · · · · · ·	SELF EMPLOYED	•		
Contributor's p	rincipal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's e	mployer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/10/2019 	Full name of contributor out-of-state PAC (ID#: Beavers, Billy (Mr.) Contributor address; City; State; Zip Code 300 Scarborough Conroe, TX 77304)	Amount of contribution description \$65.00 ASSORTED POCKET KNIVES		
•	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)		
OFFICER Contributor's n	rincipal occupation (FOR JUDICIAL)	MONTGOMERY C			
Contributor's p	ningpal occupation (FOR JODICIAL)	Contributor's job title	(LOW TODICIAL) (See Instructious)		
Contributor's e	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)				
orms provided l	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.1.3a6aaf7		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/14 Rpt: 14/41
2 FILER NAME	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3 Filer ID
Vogel, Clyde	e		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
09/10/2019			contribution (\$) description
	7 Contributor address; City; State; Zip Code	***************************************	\$300.00 TEXAS A&M FOOTBALL TICKETS (2) AND
	807 C FM 2854		PARKING PASS
	CONROE, TX 77301		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	The second secon		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of ln-kind contribution contribution (\$) description
09/10/2019	CONROE MEDICAL MASSAGE	***************************************	\$120.0012 50MIN MASSAGES
	Contributor address; City; State; Zip Code		
			į į
	тх		_
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
i iiicipai occc	apation 7 300 tide (1 OK 14014-30010)AL) (accompanions)	Employer (FOR NON	FJODICIAL) (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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
09/10/2019	CONROE PROFESSIONAL FIREFIGHTERS		contribution (\$) description
	Contributor address; Clty; State; Zip Code		\$300.00 FIRE PIT
			İ
	CONROE, TX 77301		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/14 Rpt: 15/41 FILER NAME 3 Filer ID Vogel, Clyde TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Full name of contributor ut-of-state PAC (ID#: 8 Amount of 9 In-kind contribution contribution (\$) description 09/10/2019 COUNTRYMAN, LISA \$100.001 RUSTIC CLOCK 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor In-kind contribution ut-of-state PAC (ID#:_ Amount of contribution (\$) description 09/10/2019 EL BOSOUE \$50.00 I GIFT CARDS Contributor address; City; State; Zip Code 14543 SH 105 CONROE, TX 77304 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) 09/10/2019 description FISH POND \$45.001GIFT CARD Contributor address; City; State; Zip Code 17091 SH 75 **WILLIS, TX 77378** Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch		
				: 16/41	
2 FILER NAME Vogel, Clyde	· ·		3 Filer ID		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 09/10/2019	6 Full name of contributor out-of-state PAC (ID#: FOXWORTH, JOE)	8 Amount of contribution (\$)	In-kind contribution description	
09/10/2019	7 Contributor address; City; State; Zip Code		\$50.00	AUTOGRAPHED ADAM DUNN JERSEY	
	тх				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		utside of Texas. Complete Schedule T.	
				isi uctoris)	
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 contributo	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J			
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution	
09/10/2019	FRIENDS OF CLYDE VOGEL		contribution (\$) \$205.00	description JIM BEAM, GIFT CARD,	
	Contributor address; City; State; Zip Code 3311 HAMILTON CIRCLE			WELCOME SIGN, BASKETS	
	CONROE, TX 77304		Check if travel of	tutside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)	
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
Det:	Full name of a spell of the		h		
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#: FRIENDS OF CLYDE VOGEL)	Amount of contribution (\$)		
22.20,2020	Contributor address; City; State; Zip Code		\$1,490.00	WILLIE NELSON, GEORGE STRAIT	
	3311 HAMILTON CIRCLE			SIGNED GUITARS; JJ	
			_	WATT SIGNED PIC;	
Dringing age	CONROE, TX 77304 pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer /COD NOS		outside of Texas. Complete Schedule T.	
Principai оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JODICIAL) (266 II	nstructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor's	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)					
				<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 5/14 Rpt: 17/41		
2 FILER NAME Vogel, Clyd			3 Filer ID		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 09/10/2019	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of contribution (\$) In-kind contribution description \$65.00 CONROE TIGER CUPS, STICKERS, LICENSE PLATE FRAME, BACKPACKS Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description \$100.00 AUTOGRAPHED JEFF BAGWELL BAT		
	Conroe, TX 77304		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	tle (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:		Amount of tn-kind contribution description \$176.00 SCENTSY GIFT BASKET		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			·····		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 6/14 Rpt: 18/41 2 FILER NAME 3 Filer ID Vogel, Clyde \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 8 Amount of 9 In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/10/2019 Harper, KRISTEN (Mr.) \$200.00 AUTOGRAPHED Contributor address; City; State; Zip Code ROCKETS POSTER AND 13630 Vail Dr HOOP NET Montgomery, TX 77316 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 09/10/2019 Harris, Trey (Mr.) \$3,500.00 | EXOTIC HUNT Contributor address; City; State; Zip Code 155 AUTUMN WAY HUNTSVILLE, TX 77320 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (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) Date Full name of contributor In-kind contribution ut-of-state PAC (ID#: Amount of contribution (\$) description 09/10/2019 JEFFERSON, MARK & TERI \$1,500.00 BEACH HOUSE Contributor address; City; State; Zip Code WEEKEND RENTAL TX Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

The Instru	ıction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 7/14 Rpt: 19/41		
2 FILER NAME			3 Filer ID		
Vogel, Clyd	e				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
09/10/2019	JOBE, MARY		contribution (\$) description \$100.00 HORNITOS TEQUILA		
	7 Contributor address; City; State; Zip Code		WOODEN STANDUP		
:	31326 SUMMIT GROVE LN		COOLER		
	SPRING, TX 77386		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
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 contribute	r'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#:		Amount of In-kind contribution contribution (\$) description		
09/10/2019	JOBE, MARY	***************************************	\$515.001WINE, GLASSES,		
	Contributor address; City; State; Zip Code 31326 SUMMIT GROVE LN		BASKET, TITOS, CUPS,		
	31320 SOMMIT GROVE EN		TEQUILA		
1	SPRING, TX 77386		i Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	f contributor's spouse (if any) (FOR JUDICIAL)		
ar d					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description		
09/10/2019	JOBE, MARY		\$400.00 WHISKEY BARREL,		
	Contributor address; City; State; Zip Code 31326 SUMMIT GROVE LN		!WATERMELON		
:	S1320 SOMMIT GROVE LIV		INFUSER, CLOCK, BAR ISET, SHOT GLASSES		
	SPRING, TX 77386		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
	·				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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The Inetru	action Guide explains how to complete this t	orm	1 Total pages Sc	nedule A2:	
THE INSTITU		orm,	Sch: 8/14 Rpt	: 20/41	
2 FILER NAME			3 Filer ID		
Vogel, Clyd	e				
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:			9 In-kind contribution	
09/10/2019		***************************************	contribution (\$) \$45.00	description	
	7 Contributor address; City; State; Zip Code		\$ 10.00	SHIRT, FOOTBALLS	
	PO Box 1352			i I	
	Shepherd, TX 77371		 	! 	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)	
		II Employer (POR NON	-JODIOJAL) (GCC)	istractions)	
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 contribute	or's snouse (if any) /	EOR TUDICIAL\	
14 Continuators	omployer/taw mm (r ott sobreize)	L3 Law IIIII of contribute	or a apouse (ii ariy) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of	In-kind contribution	
09/10/2019	Key, Charlotte (Mrs.)		contribution (\$)	description	
	Contributor address; City; State; Zip Code	***************************************		I WREATH, KOOZIES,	
	PO Box 1352			CAPS, SHIRTS, WINE GLASSES, BEAUTY	
				BASKETS	
	Shepherd, TX 77371		Check if travel of	utside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See i	nstructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution	
09/10/2019	Key, Charlotte (Mrs.)			description SCENTSY BASKET	
	Contributor address; City; State; Zip Code		401.00	l	
	PO Box 1352			! !	
	Shepherd, TX 77371		Charle if traval	I] Dutside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)	
			•		
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
				·	

The Instru	action Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 9/14 Rpt: 21/41
2 FILER NAME		3 Filer ID	
Vogel, Clyd			3 FIIEF ID
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 09/10/2019	7 Contributor address; City; State; Zip Code PO Box 1352)	8 Amount of contribution (\$) In-kind contribution description \$65.00 ASSORTED CROSSES
10 Principal occi	Shepherd, TX 77371 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/10/2019	Full name of contributor		Amount of In-kind contribution contribution (\$) description \$52.00 2 CERAMIC BIRD HOUSES
Deineinal con	Shepherd, TX 77371		Check if travel outside of Texas. Complete Schedule T.
Рппсіраї оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	n's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/10/2019	Fuil name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$57.00 I SCENTSY BASKEY Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	action Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
			Sch: 10/14 Rpt: 22/41
2 FILER NAME Vogel, Clyd			3 Filer ID
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 09/10/2019	 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description \$150,001 KENDRA SCOTT JEWELRY SET
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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 contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I.—	
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$425.00 CODY JOHNSON & JOSH WARD CDS, TSHIRTS, KOOZIES, CAPS
	Cleveland, TX 77328		Check if travel outside of Texas, Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/10/2019	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$100.00 WOODEN CROSSES, WOODEN SIGNS, FALL BASKET, MISC
	Cleveland, TX 77328		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 11/14 Rpt: 23/41 FILER NAME 3 Filer ID Vogel, Clyde TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Full name of contributor out-of-state PAC (ID#: 8 Amount of 9 In-kind contribution contribution (\$) description 09/10/2019 Key, John (Mr.) \$60.001 JACK DANIELS Contributor address; City; State; Zip Code WHISKEY, GLASSES, 2785 W. Geronimo Trl FLASK Cleveland, TX 77328 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 Date ut-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 09/10/2019 Key, John (Mr.) \$80.001JIM BEAM WHISKEY, Contributor address; City; State; Zip Code FLASK, GLASSES, BAR 2785 W. Geronimo Trl MATS Cleveland, TX 77328 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 09/10/2019 Key, John (Mr.) \$100.00 FARMED WORLD PRINT Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 12/14 Rpt: 24/41 FILER NAME 3 Filer ID Vogel, Clyde TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Full name of contributor out-of-state PAC (ID#: 8 Amount of In-kind contribution contribution (\$) description 09/10/2019 MEDICAL BODY WORKS \$120.0012 50 MIN MASSAGES 7 Contributor address; City; State; Zip Code TX Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 Amount of In-kind contribution ut-of-state PAC (ID#; contribution (\$) description 09/10/2019 MICHELLE, LEBLANC \$55,001 GOURMET CAKE AND Contributor address; City; State; Zip Code CUPCAKES TX Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 09/10/2019 MILLER, RUSSELL \$250.001TEXAS RANGER Contributor address; City; State; Zip Code COMMEMORATIVE PO BOX 387 FRAMED PRINT CONROE, TX 77305 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

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

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

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 13/14 Rpt: 25/41 2 FILER NAME 3 Filer ID Vogel, Clyde \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor out-of-state PAC (ID#: 8 Amount of 9 In-kind contribution contribution (\$) description 09/10/2019 MURRAY, JOE \$100.00 CARVED WOODEN 7 Contributor address; City; State; Zip Code STOVE COVER ΤX Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: In-kind contribution Amount of contribution (\$) description 09/10/2019 PACIFIC YARD HOUSE \$50.00 i \$50 GIFT CARD Contributor address; City; State; Zip Code 101 Metcalf Street Conroe, TX 77301 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#: contribution (\$) 09/10/2019 description PERKINS, KARI \$40.001ROOSTER CROSS Contributor address; City; State; Zip Code 65 WOOD HOLLOW DR

CONROE, TX 77304	Check if travel outside of Texas, Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

The Instru	action Guide explains how to complete this f	orm	1 Total pages Schedule A2:
		Sch: 14/14 Rpt: 26/41	
2 FILER NAME		3 Filer ID	
Vogel, Clyd	e		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (iD#:)	8 Amount of 9 In-kind contribution contribution (\$) description
09/10/2019			contribution (\$) description \$250.00 WARRIOR
:	7 Contributor address; City; State; Zip Code		WOODWORKS
			AMERICAN FLAG IN
	тх		Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
OWNER		WARRIOR WOOD	•
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 contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	The second secon		PROFESSION AND ASSESSION A
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description
09/10/2019	Towery, Kathleen (Mrs.)	141915541.4	\$20.00 PAPARAZZI JEWELRY
	Contributor address; City; State; Zip Code 10907 Waterview Cr		1
	10907 Waterview Cr		i i
	Montgomery, TX 77356		i Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I
·			,
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description
09/10/2019	Towery, Kathleen (Mrs.)		contribution (\$) description \$20.00 PAPARAZZI JEWELRY
	Contributor address; City; State; Zip Code		SET
	10907 Waterview Cr		l i
	Montgomery, TX 77356		Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
·	•	, , ,	•
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
		,	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Gui	Salaries de explains how to c	-	s/Contract Labor ete this form.	OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME			3	Filer ID	
	Sch: 1/15 Rpt: 27/41	Vogel, Cl	yde					
4	Date	5 Payee nar						
	09/10/2019	ACORD,	AUDREY					
6	Amount (\$) \$150.00	7 Payee add	dress; City;	State; Zip C	ode			
8	PURPOSE	(a) Category	(See Categories listed at the	a top of this schodule)	(b)	Description		
	OF	Event Ex		top of this schedule)	``		side of Texas. Complete Schedule T.	
	EXPENDITURE		pondo			Check if Austin, TX PHOTOGRAPH	k, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Officeholder name	Office so	ught		Office held	
	Date	Payee nar	ne					
	09/20/2019	AMERIC/	ANS STAND UNITE	ED				
	Amount (\$) \$250.00	Payee add	ress; City;	State; Zip C	ode			
		TX						
	PURPOSE OF		(See Categories listed at the		(b)	Description		
	EXPENDITURE		ions/Donations Mac e/Officeholder/Politi			<u></u>	side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office so	ught		Office held	
	Date	Payee nar	ne					
	11/06/2019	BRADY F	FOR CONGRESS					
	Amount (\$) \$100.00	Payee ado	Iress; City;	State; Zip C	ode			
		TX						
	PURPOSE OF		(See Categories listed at the		(b)	Description		
	EXPENDITURE		ions/Donations Mad			—	side of Texas. Complete Schedule T.	
		Candidati	e/Officeholder/Politi	icai Committee		—	(, officeholder living expense CAMPAIGN CONTRIBUTION	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office so	ught		Office held	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/15 Rpt: 28/41	Vogel, Clyde
4	Date	5 Payee name
	11/12/2019	BRANDON CREIGHTON CAMPAIGN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		TX
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		CAMPAIGN CONTRIBUTION
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit 0/01	
Γ	Date	Payee name
	12/13/2019	CHILDRENS SAFE HARBOR
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	
		TX .
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		DONATION
	Canadata ONU V if direct	Office hold
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/29/2019	CONROE HIGH SCHOOL BASH FISHING TEAM
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FISHING TEAM SPONSORSHIP
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salarles/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	•	lete this form.
1	Total pages Schedule F1:	·	-	3 Filer ID
	Sch: 3/15 Rpt: 29/41	Vogel, Clyde		
4	Date	5 Payee name		
	09/13/2019	CRIME STOPPERS OF LUFKIN		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$100.00	·		
		тх		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				DONATION
_	Complete ONLY if disent	Condition (Office Indiana)		Office level
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ight	Office held
_				
	Date	Payee name		
	08/25/2019	ENGLE, SCOTT		
	Amount (\$)	Payee address; City; State; Zip Co	ode	N
	\$100.00			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EVENDITUEE	Advertising Expense	` <i>`</i>	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,		Check if Austin, TX, officeholder living expense
				ADVERTISING
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit orei	•		
	Date	Payee name		
	09/03/2019	FACEBOOK		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$25.00			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Advertising Expense	`~	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,,,,,	l	Check if Austin, TX, officeholder living expense
				ONLINE AD
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 4/15 Rpt: 30/41	Vogel, Clyde
4	Date	5 Payee name
	09/04/2019	FACEBOOK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	
		TX
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ONLINE AD
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Or	
	Date	Payee name
	09/05/2019	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		ONLINE AD
	Operation ONE Wife disease	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/06/2019	FACEBOOK
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check If travel outside of Texas. Complete Schedule T.
	EXPENDITURE	
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	EXPENDITURE	
		Check if Austin, TX, officeholder living expense ONLINE AD
	EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol	Check if Austin, TX, officeholder living expense ONLINE AD Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Check if Austin, TX, officeholder living expense ONLINE AD Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Check if Austin, TX, officeholder living expense ONLINE AD Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

_	omolete this form.
	3 Filer ID
Vogel, Clyde	1 1.00 /2
5 Payee name	
FACEBOOK	
7 Pavee address: City: State: Zip Co	ode
, , ,, ================================	
TX	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	ONLINE AD
Candidate/Officeholder name Office sou	l aght Office held
	3
Payee name	
-	
	ada
Tayou addites, Oity, State, 21p of	oue.
TV	
	T
	(b) Description Check if travel outside of Texas. Complete Schedule T.
Advertising Expense	Check if daver obside of fexas, complete scriedule 1.
	ONLINE AD
	ught Office held
Payee name	
FACEBOOK	
Payee address; City; State; Zip Co	ode
TX	
(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
	ONLINE AD
Candidate/Officeholder name Office sou	ight Office held
	The Instruction Guide explains how to consider the Instruction Guide explains how the Instruction Guide explains how to consider the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains how the Instruction Guide explains have the Instruction Guide explains how the Instruction Guide explains have the Instruction Guide explains have the Instruction Guide explains have the Instruction Guide explains have the

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Polltic Credit Card Payment	al Committee 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 3 Filer ID
Sch: 6/15 Rpt: 32/41	Vogel, Clyde
4 Date	5 Payee name
09/16/2019	JAMES NOACK CAMPAIGN
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/13/2019	KASPRZAK CAMPAIGN
Amount (\$) \$25.00	Payee address; City; State; Zip Code
	TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2019	LIBERTY BELLES REPUBLICAN WOMEN
Amount (\$) \$38.00	Payee address; City; State; Zip Code
	TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MONTHLY LUNCHEON
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor C	Tavel Out of District OTHER (enter a category not listed above))
1	Total pages Schedule F1:	2 FILER NAM	E			3 F	iler ID	
	Sch: 7/15 Rpt: 33/41	Vogel, Cly						
4	Date	5 Payee name	9					
	12/14/2019	LIBERTY I	BELLES REPUBLIC	AN WOMEN				
6	Amount (\$) \$19.00	7 Payee addr	ess; City;	State; Zip Ci	ode			
8	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE		erage Expense			-	of Texas. Complete Schedule T. fficeholder living expense HEON	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ught		Office held	
I	Date	Payee name	9					
	12/19/2019	LONE STA	AR SIGNS					
	Amount (\$) \$1,094.91	Payee addr 21973 EV	•	State; Zip Co	ode		· "	
		MONTGO	MERY, TX 77356					
	PURPOSE OF EXPENDITURE	(a) Category (a) Advertising	See Categories listed at the to g Expense	p of this schedule)	(b)		e of Texas. Complete Schedule T. Ificeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught	A Contraction	Office held	
	Date	Payee name	9		•			
	12/03/2019	MONTGO	MERY COUNTY RE	PUBLICAN PAR	RTY			
	Amount (\$) \$1,000.00	Payee addre 310 METC CONROE,	ALF ST	State; Zip Co	ode			
┝	PURPOSE				(h)	Description		
	OF EXPENDITURE	Fees	See Categories listed at the to	p of this schedule)	(o)	Check if travel outside	e of Texas. Complete Schedule T. fficeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught		Office held	nana.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 8/15 Rpt; 34/41	Vogel, Clyde
4	Date	5 Payee name
	10/22/2019	Montgomery County Fair Assn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1 00.00	9201 AIRPORT RD
		CONROE, TX 77303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOLF TOURNAMENT HOLE SPONSOR
		SEL TOTAL MENT HOLL STONGS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/10/2019	PACIFIC YARD HOUSE
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	101 Metcalf Street
		TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austln, TX, officeholder living expense
		FOOD FOR FUNDRAISER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H
	Date	Payee name
	12/09/2019	PHIL GRANT CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
I	EXPENDITURE	
	EXPENDITURE	Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION
	EXPENDITURE	Candidate/Officenoider/Political Committee CAMPAIGN CONTRIBUTION
		CAMPAIGN CONTRIBUTION
	Complete ONLY if direct expenditure to benefit C/Oh	CAMPAIGN CONTRIBUTION Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	CAMPAIGN CONTRIBUTION Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E		W				3	Filer ID	
	Sch: 9/15 Rpt: 35/41		Vogel, Clyd	de								
4	Date	5	Payee name	;								
	12/10/2019		POSTURE	FOR I	PAISLEY							
6	Amount (\$) \$130.00	7	Payee addre	ess;	City;	State	e; Zip Co	ode				
8	PURPOSE	(a)	Category (S	See Categ	ories listed at tl	he top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Contributio Candidate/	ns/Dor	nations Ma	ade By			Check if travel of	TX,	de of Texas. Complete Schedule T. officeholder living expense TION	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficehold	er name		Office sou	ight			Office held	
Г	Date		Payee name									
	11/14/2019		RAND HEN	NDERS	SON CAM	PAIGN						
	Amount (\$) \$50.00		Payee addre	ess;	City;	State	e; Zip Co	ode				•
			TX									
	PURPOSE	(a)	Category (S				chedule)	(b)	Description			
	OF EXPENDITURE		Contributio Candidate/				mittee			, TX,	de of Texas. Complete Schedule T. officeholder living expense NTRIBUTION	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficehold	er name		Office sou	l ight			Office held	72111
	Date		Payee name	:								
	09/12/2019		ROBERT V	VALKE	R CAMPA	AIGN						
	Amount (\$) \$300.00		Payee addre	ess;	City;	State	e; Zip Co	ode				
			TX									
	PURPOSE OF EXPENDITURE	(a)	Category (s Contributio Candidate/	ns/Dor	nations Ma			(b)	Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense NTRIBUTION	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icehold	er name	· · · · · · · · · · · · · · · · · · ·	Office sou	ight			Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorial Legal Services The Instruction C	•		vages,	/Contract Labor	Travel Out of District OTHER (enter a category not listed above	2)
1	Total pages Schedule F1:		FILER NAME					3	Filer ID	
L	Sch: 10/15 Rpt: 36/41		Vogel, Clyd	e						
4	Date 09/10/2019	5	Payee name ROSS, VIN	CE						
6	Amount (\$) \$400.00		Payee address	ss; City; IERY, TX 7735		e; Zip Co	ode			
8	PURPOSE OF EXPENDITURE	(a)	Category (se Event Expe	ee Categories listed at NSE	t the top of this sc	chedule)	(b)	_	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	_	Candidate/Offi	ceholder name		Office sou	ght		Office held	
	Date		Payee name	E NACI ANDE					V	
	09/03/2019	↓		.E, MELANIE						
	Amount (\$) \$1,250.00		Payee address PO Box 251	=	State	e; Zip Co	de			
L			CONROE,	ГХ 77305						
	PURPOSE OF EXPENDITURE		Category _{(Se} Consulting I	ee Categories listed at Expense	t the top of this sc	chedule)	(b)		ide of Texas. Complete Schedule T. , officeholder living expense NSULTING	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name		Office sou	ght		Office held	
	Date 10/06/2019	_		.E, MELANIE						
	Amount (\$) \$1,250.00		Payee address PO Box 253 CONROE,	1.3	State	e; Zip Co	ode			
<u> </u>	PURPOSE	1					(h)	Depariation		
	OF EXPENDITURE		Category (se Consulting I	ee Categories listed at Expense	t the top of this sc	chedule)	(D)	<u></u>	ide of Texas. Complete Schedule T. , officeholder living expense NSULTING	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name		Office sou	ght		Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide expla	Salaries/W lins how to cor	ages/Contr		OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM		***************************************		3	Filer ID	
	Sch: 11/15 Rpt: 37/41	Vogel, Clyd	le					
4	Date	5 Payee name						
	11/20/2019	SCHOETT	LE, MELANIE					
6	Amount (\$) \$1,250.00	7 Payee addre PO Box 25 CONROE,	13	ate; Zip Cod	le			
8	PURPOSE	(a) Category (s	ee Categories listed at the top of thi	(eluhedha a	(b) Des	cription		
ľ	OF	Consulting		s scriedule)		•	side of Texas. Complete Schedule T.	
İ	EXPENDITURE	Consuming				Check if Austin, TX	X, officeholder living expense	
					POI	LITICAL CO	NSULTING	
9	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ht		Office held	
	Date	Payee name						
	12/04/2019	SCHOETT	LE, MELANIE					
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de			
	\$1,250.00	PO Box 25	13					
İ	, ,							
		CONROE,						
	PURPOSE OF		see Categories listed at the top of thi	s schedule)	(b) Des			
	EXPENDITURE	Consulting	Expense				side of Texas. Complete Schedule T.	
	•				11		X, officeholder living expense ONSULTING	
					۳۷	LITICAL CC	MOULTING	
_	O L. CHIMATA	0 11 101	*	0.00			Office Lead	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	JITE .		Office held	
	Date	Payee name						
	08/16/2019	SIGN PRIN	ITERS					
Г	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de			
	\$85.00	908 W LEV	VIS					
		CONROE,	TX 77301					
	PURPOSE	(a) Category (s	See Categories listed at the top of thi	s schedule)	(b) Des	cription		
	OF EXPENDITURE	Advertising		·			tside of Texas. Complete Schedule T.	
	EXPENDITORL						X, officeholder living expense	
					PE	NS, KOOZII	±S	
L			<u></u>					
	Complete ONLY if direct		iceholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI	-1						
Н								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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 3 Filer ID
	Sch: 12/15 Rpt: 38/41	Vogel, Cłyde
4	Date	5 Payee name
	07/03/2019	SPEED PRINTING
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.00	1105 W DAVIS
		CONROE, TX 77301
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		EVENT PROGRAM PRINTING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	07/03/2019	Schoettle, Melanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		POLITICAL CONSULTING
	Commiste ONLY if divers	Condidate (Office Includes a constitution of the constitution of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	, <u> </u>	
	Date	Payee name
	07/31/2019	Schoettle, Melanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		CONSULTING
	O	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Polltica Credit Card Payment	l Committee	Legal Services The Instruction Guide expla		ages/C	ontract Labor this form.	OTHER (enter a ca	ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>	-m1		[:	3 Filer ID	
	Sch: 13/15 Rpt: 39/41	Vogel, Clyd	de					
4	Date	5 Payee name	•					
	09/10/2019	Signs Etc.						
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Co	de			
	\$41.78	3605 N LO	OP 336 W					
		CONROE,	TX 77304					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this	s schedule)	(b) [Description		
	OF EXPENDITURE	Event Expe				_	utside of Texas. Compl	
							TX, officeholder living e	expense
					Е	BEACH HOUS	SE AD SIGN	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght		Office hel	d
	experientale to belief C/O						<u>.</u>	
	Date	Payee name						
	10/23/2019	TAMMY M	CRAE CAMPAIGN					
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de			····
	\$25.00							
		TX						
	PURPOSE			<u> </u>	(b) r	Description		
	OF		iee Categories listed at the top of this ns/Donations Made By	s schedule)	(~) L	_	utside of Texas. Compl	ete Schedule T.
	EXPENDITURE	Candidate/	Officeholder/Political Co	mmittee	F	≓	TX, officeholder living e	
					_	CAMPAIGN C	CONTRIBUTION	J
	Complete ONLY if direct		iceholder name	Office sou	ght		Office hel	d
	expenditure to benefit C/OI	-1						
	Date	Payee name			·····			
	09/11/2019	TEXAS TO	P COP SHOP					
	Amount (\$)	Payee addre	ss; City; St	ate; Zip Co	de			
	\$724.10	1109 W DA						
		CONROE,	TX 77301					
	PURPOSE	(a) Category (c	ee Categories listed at the top of this	nahadula\	(b) r	Description		· · · · · · · · · · · · · · · · · · ·
	OF	Event Expe		s scriedule)	`΄, Γ		utside of Texas. Compl	ete Schedule T.
	EXPENDITURE				Ī		TX, officeholder living e	
					F	PURCHASE (GUNS FOR AU	CTION
	Complete ONLY if direct		iceholder name	Office sou	ght		Office hel	d
	expenditure to benefit C/O	1						
			<u> </u>					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID
	Sch: 14/15 Rpt: 40/41	Vogel, Clyde
4	Date	5 Payee name
	11/16/2019	THREET, TIMOTHY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	
		TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		BONATION TO FONDRAISER (BREAST CANCER)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Doto	
	Date 09/34/3010	Payee name
L	08/24/2019	TOWERY, KATHLEEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1 50.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EM EMBITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		TOWERY BENEFIT DONATION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2019	TOYS FOR TOTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		DONATION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Of	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Printi Salai	_	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not li	sted above)
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>				3 Filer ID	
	Sch: 15/15 Rpt: 41/41	Vogel, Clyd	le					
4	Date	5 Payee name						
	12/03/2019	TOYS FOR	TOTS					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code		,	<u></u>
	\$50.27							
		TX						
8	PURPOSE	(a) Category	- Onto and a list of a list of		(b)	Description		
•	OF		iee Categories listed at the to ns/Donations Made		(5)		outside of Texas. Complete Schedule	э T,
	EXPENDITURE		Officeholder/Politic			=	, TX, officeholder living expense	
						PD TO WALK	MART FOR DONATIONS	FOR TOY
						DRIVE		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought		Office held	
	expenditure to benefit C/OI	1			-			
	Date	Payee name						
	10/10/2019		ACK CAMPAIGN					
							· · ·	171
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
	\$275.00							
		TX						
	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE		ns/Donations Made		-	Check if travel	outside of Texas, Complete Scheduk	e T.
	EXI ENDITORE	Candidate/	Officeholder/Politic	al Committee			, TX, officeholder living expense	
						CAMPAIGN	CONTRIBUTION	
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office	sought		Office held	
	experience to benefit 6/6/							
	Date	Payee name						
	09/29/2019	WILLIS HS	FFA				•	
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			
	\$200.00	j						
	,							
		TX						
					I			
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description		_
	EXPENDITURE	Advertising	Expense				outside of Texas. Complete Schedul , TX, officeholder living expense	e I.
						_	R FUNDRAISER	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought		Office held	
	expenditure to benefit C/O		iocholder Hallie	Onice	auugnt		Office field	