

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

| | | | | | |
|--|---|--|----------------------------|---------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 41 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Clyde | | | | |
| | NICKNAME LAST SUFFIX Vogel | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3311 Hamilton Circle Conroe, TX 77304 | | | Date Received | Date Hand-delivered or Date Postmarked |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>Michelle</i> | | | Receipt # | Amount |
| | NICKNAME LAST SUFFIX <i>West</i> | Date Processed | Date Imaged | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1210 St. Lawrence River Rd Montgomery TX 77356</i> | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>936 524-1862</i> | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2019 12/31/2019 | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/03/2020 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) MONTGOMERY COUNTY CONSTABLE, PCT 2 | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 41

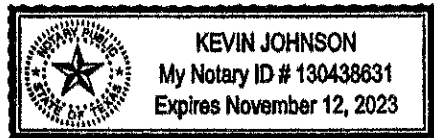
| | |
|------------------------------------|--------------------|
| 13 C / OH NAME Vogel, Clyde | 14 Filer ID |
|------------------------------------|--------------------|

| | | | | | | | | |
|--|--|-----------------------|----------------------------------|--|-----------------------------------|--|--------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | | | | | | |
| <table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | | <input type="checkbox"/> SPECIFIC | | COMMITTEE ADDRESS | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | | |
| | <input type="checkbox"/> GENERAL | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | | | | | | | |
| COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | |

| | | |
|--------------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 23,817.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16,096.79 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 7,861.66 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Vogel, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

| | | |
|---|---|---|
| _____ Signature of officer administering | <u>Kevin Johnson</u> Printed name of officer administering | <u>Notary Public</u> Title of officer administering oath |
|---|---|---|

SUBTOTALS - C/OH

| | |
|--------------------------------------|--------------------|
| 18 FILER NAME Vogel, Clyde | 19 Filer ID |
|--------------------------------------|--------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|---|----|-----------------|
| NAME OF SCHEDULE | | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 10,280.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 13,537.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 16,096.79 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/41 |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEAVERS, SARAH | 7 Amount of Contribution (\$) \$35.00 |
| 6 Contributor address; City; State; Zip Code TX | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENT, RICHARD | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 4892 OLD HWY 105 W CONROE, TX 77304 | | |
| Principal occupation / Job title (See Instructions) REAL ESTATE | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beavers, Billy (Mr.) | Amount of Contribution (\$) \$110.00 |
| Contributor address; City; State; Zip Code 300 Scarborough Conroe, TX 77304 | | |
| Principal occupation / Job title (See Instructions) OFFICER | | Employer (See Instructions) MONTGOMERY COUNTY |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, MARY | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 5901 W. Davis Conroe, TX 77304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckalew, Donnie (Mr.) | Amount of Contribution (\$) \$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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/41 |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURLEE, MARK | 7 Amount of Contribution (\$) \$30.00 |
| 6 Contributor address; City; State; Zip Code TX | | |
| 8 Principal occupation / Job title (See Instructions) BODY SHOP OWNER | | 9 Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURLEE, MARK | Amount of Contribution (\$) \$600.00 |
| Contributor address; City; State; Zip Code TX | | |
| Principal occupation / Job title (See Instructions) BODY SHOP OWNER | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURLEE, MARK | Amount of Contribution (\$) \$75.00 |
| Contributor address; City; State; Zip Code 127 DAWNS EDGE MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) BODY SHOP OWNER | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curlee, Candy (Mrs.) | Amount of Contribution (\$) \$110.00 |
| Contributor address; City; State; Zip Code PO Box 3424 Conroe, TX 77305 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curlee, Candy (Mrs.) | Amount of Contribution (\$) \$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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/41 |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haliti, Nick (Mr.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code 24326 Kingbridge Ln Spring, TX 77373 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Trey (Mr.) | Amount of Contribution (\$) \$2,450.00 |
| | Contributor address; City; State; Zip Code 155 AUTUMN WAY HUNTSVILLE, TX 77320 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INMAN, DALE | Amount of Contribution (\$) \$450.00 |
| | Contributor address; City; State; Zip Code TX | |
| Principal occupation / Job title (See Instructions) BUILDER | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INMAN, DALE | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code TX | |
| Principal occupation / Job title (See Instructions) BUILDER | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, John (Mr.) | Amount of Contribution (\$) \$120.00 |
| | Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, RUSSELL | 7 Amount of Contribution (\$) \$1,475.00 |
| 6 Contributor address; City; State; Zip Code PO BOX 387 CONROE, TX 77305 | | |
| 8 Principal occupation / Job title (See Instructions) BUILDER | | 9 Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, RICKY | Amount of Contribution (\$) \$225.00 |
| Contributor address; City; State; Zip Code TX | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, RICKY | Amount of Contribution (\$) \$225.00 |
| Contributor address; City; State; Zip Code TX | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) SELF EMPLOYED |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NALEWAY, JAMIE | Amount of Contribution (\$) \$75.00 |
| Contributor address; City; State; Zip Code TX 77303 | | |
| Principal occupation / Job title (See Instructions) MORTGAGE | | Employer (See Instructions) CORE LENDING |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NALEWAY, JAMIE | Amount of Contribution (\$) \$130.00 |
| Contributor address; City; State; Zip Code 9012 WATER BUCK LANE CONROE, TX 77303 | | |
| Principal occupation / Job title (See Instructions) MORTGAGE | | Employer (See Instructions) CORE LENDING |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/41 |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARP, MIKE <hr/> 6 Contributor address; City; State; Zip Code 425 OAKLAND CT CONROE, TX 77302 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARP, MIKE <hr/> Contributor address; City; State; Zip Code 425 OAKLAND CT CONROE, TX 77302 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINMAN, BERT <hr/> Contributor address; City; State; Zip Code 1915 N FRAZIER STE 104 CONROE, TX 77301 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauceda, Joanna (Mrs.) <hr/> Contributor address; City; State; Zip Code 201 River Pointe Dr. Apt 522 Conroe, TX 77304 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOGEL, GINGER <hr/> Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/41 |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOGEL, GINGER | 7 Amount of Contribution (\$) \$75.00 |
| 6 Contributor address; City; State; Zip Code 13607 ROSE RD WILLIS, TX 77378 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Colt (Mr.) | Amount of Contribution (\$) \$40.00 |
| Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Colt (Mr.) | Amount of Contribution (\$) \$205.00 |
| Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Colt (Mr.) | Amount of Contribution (\$) \$70.00 |
| Contributor address; City; State; Zip Code 166 Climbing Oaks Pl Montgomery, TX 77316 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/14 Rpt: 13/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code 3311 HAMILTON CIRCLE CONROE, TX 77304 | 8 Amount of contribution (\$) \$1,735.00 | 9 In-kind contribution description RIFLE, SHOTGUN, SAVAGE, PISTOL, 9MM PISTOL, 9MM PISTOL FOR AUCTION <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACCORD, AUDREY Contributor address; City; State; Zip Code 6316 HWY 75 S MADISONVILLE, TX 77864 | Amount of contribution (\$) \$150.00 | In-kind contribution description PHOTOGRAPHY PACKAGE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) PHOTOGRAPHER | | 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) | | 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beavers, Billy (Mr.) Contributor address; City; State; Zip Code 300 Scarborough Conroe, TX 77304 | Amount of contribution (\$) \$65.00 | In-kind contribution description ASSORTED POCKET KNIVES <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OFFICER | | Employer (FOR NON-JUDICIAL) (See instructions) MONTGOMERY COUNTY | |
| 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 CONTRIBUTIONS

SCHEDULE A2

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|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/14 Rpt: 14/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASE PEST CONTROL | 8 Amount of contribution (\$) \$300.00 | 9 In-kind contribution description TEXAS A&M FOOTBALL TICKETS (2) AND PARKING PASS |
| | 7 Contributor address; City; State; Zip Code 807 C FM 2854 CONROE, TX 77301 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONROE MEDICAL MASSAGE | Amount of contribution (\$) \$120.00 | In-kind contribution description 2 50MIN MESSAGES |
| | Contributor address; City; State; Zip Code TX | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONROE PROFESSIONAL FIREFIGHTERS | Amount of contribution (\$) \$300.00 | In-kind contribution description FIRE PIT |
| | Contributor address; City; State; Zip Code CONROE, TX 77301 | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 3/14 Rpt: 15/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COUNTRYMAN, LISA | 8 Amount of contribution (\$) \$100.00 | 9 In-kind contribution description RUSTIC CLOCK |
| | 7 Contributor address; City; State; Zip Code TX | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL BOSQUE | Amount of contribution (\$) \$50.00 | In-kind contribution description GIFT CARDS |
| | Contributor address; City; State; Zip Code 14543 SH 105 CONROE, TX 77304 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISH POND | Amount of contribution (\$) \$45.00 | In-kind contribution description GIFT CARD |
| | Contributor address; City; State; Zip Code 17091 SH 75 WILLIS, TX 77378 | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 4/14 Rpt: 16/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOXWORTH, JOE | 8 Amount of contribution (\$) \$50.00 | 9 In-kind contribution description AUTOGRAPHED ADAM DUNN JERSEY |
| | 7 Contributor address; City; State; Zip Code TX | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRIENDS OF CLYDE VOGEL | Amount of contribution (\$) \$205.00 | In-kind contribution description JIM BEAM, GIFT CARD, WELCOME SIGN, BASKETS |
| | Contributor address; City; State; Zip Code 3311 HAMILTON CIRCLE CONROE, TX 77304 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRIENDS OF CLYDE VOGEL | Amount of contribution (\$) \$1,490.00 | In-kind contribution description WILLIE NELSON, GEORGE STRAIT SIGNED GUITARS; JJ WATT SIGNED PIC; |
| | Contributor address; City; State; Zip Code 3311 HAMILTON CIRCLE CONROE, TX 77304 | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 5/14 Rpt: 17/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRIENDS OF CLYDE VOGEL | 8 Amount of contribution (\$) \$65.00 | 9 In-kind contribution description CONROE TIGER CUPS, STICKERS, LICENSE PLATE FRAME, BACKPACKS |
| | 7 Contributor address; City; State; Zip Code 3311 HAMILTON CIRCLE CONROE, TX 77304 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Jared (Mr.) | Amount of contribution (\$) \$100.00 | In-kind contribution description AUTOGRAPHED JEFF BAGWELL BAT |
| | Contributor address; City; State; Zip Code 446 Oakgate Conroe, TX 77304 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Belinda (Mrs.) | Amount of contribution (\$) \$176.00 | In-kind contribution description SCENTSY GIFT BASKET |
| | Contributor address; City; State; Zip Code 14141 Hwy 105 E Conroe, TX 77306 | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 6/14 Rpt: 18/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, KRISTEN (Mr.) | 8 Amount of contribution (\$) \$200.00 | 9 In-kind contribution description AUTOGRAPHED ROCKETS POSTER AND HOOP NET |
| | 7 Contributor address; City; State; Zip Code 13630 Vail Dr Montgomery, TX 77316 | | |
| 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Trey (Mr.) | Amount of contribution (\$) \$3,500.00 | In-kind contribution description EXOTIC HUNT |
| | Contributor address; City; State; Zip Code 155 AUTUMN WAY HUNTSVILLE, TX 77320 | | |
| 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFERSON, MARK & TERI | Amount of contribution (\$) \$1,500.00 | In-kind contribution description BEACH HOUSE WEEKEND RENTAL |
| | Contributor address; City; State; Zip Code TX | | |
| 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 7/14 Rpt: 19/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOBE, MARY | 8 Amount of contribution (\$) \$100.00 | 9 In-kind contribution description HORNITOS TEQUILA WOODEN STANDUP COOLER |
| | 7 Contributor address; City; State; Zip Code 31326 SUMMIT GROVE LN SPRING, TX 77386 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOBE, MARY | Amount of contribution (\$) \$515.00 | In-kind contribution description WINE, GLASSES, BASKET, TITOS, CUPS, TEQUILA |
| | Contributor address; City; State; Zip Code 31326 SUMMIT GROVE LN SPRING, TX 77386 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOBE, MARY | Amount of contribution (\$) \$400.00 | In-kind contribution description WHISKEY BARREL, WATERMELON INFUSER, CLOCK, BAR SET, SHOT GLASSES |
| | Contributor address; City; State; Zip Code 31326 SUMMIT GROVE LN SPRING, TX 77386 | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 8/14 Rpt: 20/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) | 8 Amount of contribution (\$) \$45.00 | 9 In-kind contribution description TEXAS A&M CAP, SHIRT, FOOTBALLS |
| 7 Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) | Amount of contribution (\$) \$275.00 | In-kind contribution description WREATH, KOOZIES, CAPS, SHIRTS, WINE GLASSES, BEAUTY BASKETS |
| Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) | Amount of contribution (\$) \$57.00 | In-kind contribution description SCENTSY BASKET |
| Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 9/14 Rpt: 21/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) | 8 Amount of contribution (\$) \$65.00 | 9 In-kind contribution description ASSORTED CROSSES |
| 7 Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) | Amount of contribution (\$) \$52.00 | In-kind contribution description 2 CERAMIC BIRD HOUSES |
| Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) | Amount of contribution (\$) \$57.00 | In-kind contribution description SCENTSY BASKEY |
| Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 10/14 Rpt: 22/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Charlotte (Mrs.) ----- 7 Contributor address; City; State; Zip Code PO Box 1352 Shepherd, TX 77371 | 8 Amount of contribution (\$) \$150.00 | 9 In-kind contribution description KENDRA SCOTT JEWELRY SET <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, John (Mr.) ----- Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 | Amount of contribution (\$) \$425.00 | In-kind contribution description CODY JOHNSON & JOSH WARD CDS, TSHIRTS, KOOZIES, CAPS <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, John (Mr.) ----- Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 | Amount of contribution (\$) \$100.00 | In-kind contribution description WOODEN CROSSES, WOODEN SIGNS, FALL BASKET, MISC <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 11/14 Rpt: 23/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, John (Mr.) ----- 7 Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 | 8 Amount of contribution (\$) \$60.00 | 9 In-kind contribution description JACK DANIELS WHISKEY, GLASSES, FLASK <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, John (Mr.) ----- Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 | Amount of contribution (\$) \$80.00 | In-kind contribution description JIM BEAM WHISKEY, FLASK, GLASSES, BAR MATS <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, John (Mr.) ----- Contributor address; City; State; Zip Code 2785 W. Geronimo Trl Cleveland, TX 77328 | Amount of contribution (\$) \$100.00 | In-kind contribution description FARMED WORLD PRINT <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 12/14 Rpt: 24/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEDICAL BODY WORKS | 8 Amount of contribution (\$) \$120.00 | 9 In-kind contribution description 50 MIN MASSAGES |
| | 7 Contributor address; City; State; Zip Code TX | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE, LEBLANC | Amount of contribution (\$) \$55.00 | In-kind contribution description GOURMET CAKE AND CUPCAKES |
| | Contributor address; City; State; Zip Code TX | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, RUSSELL | Amount of contribution (\$) \$250.00 | In-kind contribution description TEXAS RANGER COMMEMORATIVE FRAMED PRINT |
| | Contributor address; City; State; Zip Code PO BOX 387 CONROE, TX 77305 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) BUILDER | | 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) | | 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 13/14 Rpt: 25/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURRAY, JOE | 8 Amount of contribution (\$) \$100.00 | 9 In-kind contribution description CARVED WOODEN STOVE COVER |
| | 7 Contributor address; City; State; Zip Code TX | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACIFIC YARD HOUSE | Amount of contribution (\$) \$50.00 | In-kind contribution description \$50 GIFT CARD |
| | Contributor address; City; State; Zip Code 101 Metcalf Street Conroe, TX 77301 | <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERKINS, KARI | Amount of contribution (\$) \$40.00 | In-kind contribution description ROOSTER CROSS |
| | Contributor address; City; State; Zip Code 65 WOOD HOLLOW DR CONROE, TX 77304 | <input type="checkbox"/> 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 CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 14/14 Rpt: 26/41 | |
| 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/10/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, JACK 7 Contributor address; City; State; Zip Code TX | 8 Amount of contribution (\$) \$250.00 | 9 In-kind contribution description WARRIOR WOODWORKS AMERICAN FLAG IN WOOD <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER | | 11 Employer (FOR NON-JUDICIAL) (See instructions) WARRIOR WOODWORKS | |
| 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Towery, Kathleen (Mrs.) Contributor address; City; State; Zip Code 10907 Waterview Cr Montgomery, TX 77356 | Amount of contribution (\$) \$20.00 | In-kind contribution description PAPARAZZI JEWELRY <input type="checkbox"/> 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 09/10/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Towery, Kathleen (Mrs.) Contributor address; City; State; Zip Code 10907 Waterview Cr Montgomery, TX 77356 | Amount of contribution (\$) \$20.00 | In-kind contribution description PAPARAZZI JEWELRY SET <input type="checkbox"/> 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) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: Sch: 1/15 Rpt: 27/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 09/10/2019 | | 5 Payee name ACORD, AUDREY | | | |
| 6 Amount (\$) \$150.00 | | 7 Payee address; City; State; Zip Code TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTOGRAPHY | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 09/20/2019 | | Payee name AMERICANS STAND UNITED | | | |
| Amount (\$) \$250.00 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO 501C3 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 11/06/2019 | | Payee name BRADY FOR CONGRESS | | | |
| Amount (\$) \$100.00 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KEVIN BRADY CAMPAIGN CONTRIBUTION | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 3/15 Rpt: 29/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 09/13/2019 | | 5 Payee name CRIME STOPPERS OF LUFKIN | | | |
| 6 Amount (\$) \$100.00 | | 7 Payee address; City; State; Zip Code TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 08/25/2019 | | Payee name ENGLE, SCOTT | | | |
| Amount (\$) \$100.00 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 09/03/2019 | | Payee name FACEBOOK | | | |
| Amount (\$) \$25.00 | | Payee address; City; State; Zip Code TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/15 Rpt: 30/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 09/04/2019 | | 5 Payee name FACEBOOK | | | |
| 6 Amount (\$) \$25.00 | | 7 Payee address; City; State; Zip Code TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 09/05/2019 | | Payee name FACEBOOK | | | |
| Amount (\$) \$25.00 | | Payee address; City; State; Zip Code TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 09/06/2019 | | Payee name FACEBOOK | | | |
| Amount (\$) \$35.00 | | Payee address; City; State; Zip Code TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 5/15 Rpt: 31/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 09/08/2019 | | 5 Payee name FACEBOOK | | | |
| 6 Amount (\$) \$50.00 | | 7 Payee address; City; State; Zip Code TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 09/21/2019 | | Payee name FACEBOOK | | | |
| Amount (\$) \$39.94 | | Payee address; City; State; Zip Code TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 11/21/2019 | | Payee name FACEBOOK | | | |
| Amount (\$) \$68.79 | | Payee address; City; State; Zip Code TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE AD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 6/15 Rpt: 32/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 09/16/2019 | | 5 Payee name JAMES NOACK CAMPAIGN | | | |
| 6 Amount (\$) \$150.00 | | 7 Payee address; City; State; Zip Code TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 11/13/2019 | | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 12/04/2019 | | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY LUNCHEON | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 7/15 Rpt: 33/41 | 2 FILER NAME Vogel, Clyde | 3 Filer ID |
| 4 Date 12/14/2019 | 5 Payee name LIBERTY BELLES REPUBLICAN WOMEN | |
| 6 Amount (\$) \$19.00 | 7 Payee address; City; State; Zip Code TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY LUNCHEON |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/19/2019 | Payee name LONE STAR SIGNS | |
| Amount (\$) \$1,094.91 | Payee address; City; State; Zip Code 21973 EVA ST MONTGOMERY, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/03/2019 | Payee name MONTGOMERY COUNTY REPUBLICAN PARTY | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 310 METCALF ST CONROE, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/15 Rpt: 34/41 | 2 FILER NAME Vogel, Clyde | 3 Filer ID |
| 4 Date 10/22/2019 | 5 Payee name Montgomery County Fair Assn | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 9201 AIRPORT RD CONROE, TX 77303 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOLF TOURNAMENT HOLE SPONSOR |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/10/2019 | Payee name PACIFIC YARD HOUSE | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 101 Metcalf Street TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD FOR FUNDRAISER |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/09/2019 | Payee name PHIL GRANT CAMPAIGN | |
| Amount (\$) \$100.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|-------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 9/15 Rpt: 35/41 | 2 FILER NAME Vogel, Clyde | 3 Filer ID |
|---|-------------------------------------|-------------------|

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|-----------------------------|--|
| 4 Date 12/10/2019 | 5 Payee name POSTURE FOR PAISLEY |
|-----------------------------|--|

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|----------------------------------|---|
| 6 Amount (\$) \$130.00 | 7 Payee address; City; State; Zip Code TX |
|----------------------------------|---|

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

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

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|--------------------|---------------------------------------|
| Date 11/14/2019 | Payee name RAND HENDERSON CAMPAIGN |
|--------------------|---------------------------------------|

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| Amount (\$) \$50.00 | Payee address; City; State; Zip Code TX |
|------------------------|--|

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

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

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|--------------------|--------------------------------------|
| Date 09/12/2019 | Payee name ROBERT WALKER CAMPAIGN |
|--------------------|--------------------------------------|

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| Amount (\$) \$300.00 | Payee address; City; State; Zip Code TX |
|-------------------------|--|

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

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

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 10/15 Rpt: 36/41 | 2 FILER NAME Vogel, Clyde | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Payee name ROSS, VINCE | |
| 6 Amount (\$) \$400.00 | 7 Payee address; City; State; Zip Code MONTGOMERY, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTIONEER |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2019 | Payee name SCHOETTLE, MELANIE | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code PO Box 2513 CONROE, TX 77305 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONSULTING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/06/2019 | Payee name SCHOETTLE, MELANIE | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code PO Box 2513 CONROE, TX 77305 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONSULTING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F1: Sch: 11/15 Rpt: 37/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 11/20/2019 | | 5 Payee name SCHOETTLE, MELANIE | | | |
| 6 Amount (\$) \$1,250.00 | | 7 Payee address; City; State; Zip Code PO Box 2513 CONROE, TX 77305 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONSULTING | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 12/04/2019 | | Payee name SCHOETTLE, MELANIE | | | |
| Amount (\$) \$1,250.00 | | Payee address; City; State; Zip Code PO Box 2513 CONROE, TX 77305 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONSULTING | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 08/16/2019 | | Payee name SIGN PRINTERS | | | |
| Amount (\$) \$85.00 | | Payee address; City; State; Zip Code 908 W LEWIS CONROE, TX 77301 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PENS, KOOZIES | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 12/15 Rpt: 38/41 | 2 FILER NAME Vogel, Clyde | 3 Filer ID |
| 4 Date 07/03/2019 | 5 Payee name SPEED PRINTING | |
| 6 Amount (\$) \$195.00 | 7 Payee address; City; State; Zip Code 1105 W DAVIS CONROE, TX 77301 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT PROGRAM PRINTING |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 07/03/2019 | Payee name Schoettle, Melanie | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONSULTING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 07/31/2019 | Payee name Schoettle, Melanie | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 13/15 Rpt: 39/41 | 2 FILER NAME Vogel, Clyde | 3 Filer ID |
| 4 Date 09/10/2019 | 5 Payee name Signs Etc. | |
| 6 Amount (\$) \$41.78 | 7 Payee address; City; State; Zip Code 3605 N LOOP 336 W CONROE, TX 77304 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BEACH HOUSE AD SIGN |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/23/2019 | Payee name TAMMY MCRAE 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/11/2019 | Payee name TEXAS TOP COP SHOP | |
| Amount (\$) \$724.10 | Payee address; City; State; Zip Code 1109 W DALLAS ST CONROE, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PURCHASE GUNS FOR AUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | |
|--|--|--|--|-------------------|
| 1 Total pages Schedule F1: Sch: 14/15 Rpt: 40/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID |
| 4 Date 11/16/2019 | | 5 Payee name THREET, TIMOTHY | | |
| 6 Amount (\$) \$150.00 | | 7 Payee address; City; State; Zip Code TX | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO FUNDRAISER (BREAST CANCER) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 08/24/2019 | | Payee name TOWERY, KATHLEEN | | |
| Amount (\$) \$150.00 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TOWERY BENEFIT DONATION | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/30/2019 | | Payee name TOYS FOR TOTS | | |
| Amount (\$) \$175.00 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: Sch: 15/15 Rpt: 41/41 | | 2 FILER NAME Vogel, Clyde | | 3 Filer ID | |
| 4 Date 12/03/2019 | | 5 Payee name TOYS FOR TOTS | | | |
| 6 Amount (\$) \$50.27 | | 7 Payee address; City; State; Zip Code TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PD TO WALMART FOR DONATIONS FOR TOY DRIVE | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/10/2019 | | Payee name WAYNE MACK CAMPAIGN | | | |
| Amount (\$) \$275.00 | | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 09/29/2019 | | Payee name WILLIS HS FFA | | | |
| Amount (\$) \$200.00 | | Payee address; City; State; Zip Code TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AG BOOSTER FUNDRAISER | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |