

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <p style="text-align: center; font-size: 1.2em;">Prentiss</p> NICKNAME      LAST      SUFFIX <p style="text-align: center; font-size: 1.5em;">MADISON</p>	<b>OFFICE USE ONLY</b> <hr/> Date Received  <hr/> Date Hand Delivered or Date FO Marked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="font-size: 1.2em;">913 W 16th Bryan TX 77803</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="font-size: 1.2em;">(979) 224 4483</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <p style="text-align: center; font-size: 1.2em;">JENITA</p> NICKNAME      LAST      SUFFIX <p style="text-align: center; font-size: 1.5em;">RAYFORD</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="font-size: 1.2em;">900 N Randolph Bryan TX 77803</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="font-size: 1.2em;">(979) 412 0236</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year      MONTH    Day    Year <p style="font-size: 1.2em;">7 / 15 / 19      THROUGH      9 / 26 / 19</p>		
11 ELECTION	ELECTION DATE Month    Day    Year <p style="font-size: 1.2em;">11 / 5 / 19</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <p style="font-size: 1.2em;">Council SMD 2</p>	13 OFFICE SOUGHT (if known)  <p style="font-size: 1.2em;">Council SMD 2</p>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME PRENTISS MADISON 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

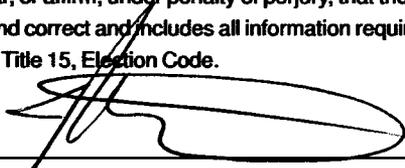
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,670 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 541.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,128.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Prentiss Madison, this the 4th day of October, 20 19, to certify which, witness my hand and seal of office.

Mary L. Stratta Signature of officer administering oath  
Mary L. Stratta Printed name of officer administering oath  
City Secretary Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,100
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 570
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 541.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

2 FILER NAME

*Prentiss Madison*

3 Filer ID (Ethics Commission Filers)

4 Date

*8/24/19*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*RON AND PATTI BLATCHLEY*

6 Contributor address;

City; State; Zip Code

*4902 FAIRFIELD CT BRYAN, TX 77802*

7 Amount of contribution (\$)

*\$ 200.00*

8 Principal occupation / Job title (See Instructions)

*FORMER MAYOR*

9 Employer (See Instructions)

Date

*8/28/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*WILLIAM JOEL BRYAN*

Contributor address;

City; State; Zip Code

*413 OAK GROVE BRYAN TX 77801*

Amount of contribution (\$)

*750.00*

Principal occupation / Job title (See Instructions)

*OWNER BRYAN CREATIVE GROUP*

Employer (See Instructions)

Date

*8/25/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*JUDI & MARIE RODRIGUEZ*

Contributor address;

City; State; Zip Code

*100 GREENWAY BRYAN TX 77801*

Amount of contribution (\$)

*250.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/28/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*AUSTIN BRYAN*

Contributor address;

City; State; Zip Code

*2009 ROCKWOOD DR BRYAN, TX 77807*

Amount of contribution (\$)

*100.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*BANK AMN TRUST*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

9/26/19

CECILIA + ANN CARTER  
6 Contributor address; City; State; Zip Code

\$ 100.00

8917 CHESHIRE BRYAN, TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

COACH

BOYS + GIRLS CLUB B.V

Date

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

Amount of contribution (\$)

9/26/19

RON + VICKI SCHMIDT  
Contributor address; City; State; Zip Code

\$ 500.00

835 N. ROSEMARY BRYAN, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/26/19

BETTY ROBINSON  
Contributor address; City; State; Zip Code

\$ 350.00

401 W 18TH ST BRYAN, TX 77803

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

SCOTT + SARAH HICKLE  
Contributor address; City; State; Zip Code

150.00

914 PARK LN BRYAN, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

ROBERT GUTIERREZ  
 6 Contributor address; City; State; Zip Code

404 N. HAWWELL DR BRYAN, TX 77803

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

KENNY LAWSON  
 Contributor address; City; State; Zip Code

7901 CANZOT BRYAN, TX 77802

\$ 1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

BRETT HANSTON  
 Contributor address; City; State; Zip Code

3009 HUMMING BIRD CIR BRYAN, TX 77807

\$ 1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

HARRY YOUNG  
 Contributor address; City; State; Zip Code

1852 SILVER HILL RD BRYAN, TX 77807

\$ 1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

*CRIS AND JULIE OWENS*

6 Contributor address; City; State; Zip Code

*4403 NOTTINGHAM LANE BRYAN TX 77802*

*\$ 500.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

*BILL LORO*

Contributor address; City; State; Zip Code

*4421 NOTTINGHAM LANE BRYAN, TX 77802*

*\$ 200.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*RAMIRO GAZINDO*

Contributor address; City; State; Zip Code

*3000 GAZINDO WAY BRYAN, TX 77807*

*\$ 250.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*ARSON & TASHA BIONSKI*

Contributor address; City; State; Zip Code

*4406 NOTTINGHAM LANE BRYAN, TX 77802*

*\$ 500.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*PRONTISS MASON*

3 Filer ID (Ethics Commission Filers)

4 Date

*8/28/19*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*WILLIAM & DAWN PHILLIPS*

6 Contributor address;

City; State; Zip Code

*4490 CASTLEGATE DR C.S TX 77845*

7 Amount of contribution (\$)

*250.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*8/28/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*DOUG FRENCH*

Contributor address;

City; State; Zip Code

*4808 MIRAVISTA COURT BRYAN, TX*

Amount of contribution (\$)

*500.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/27/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*PHIL ADAMS*

Contributor address;

City; State; Zip Code

*3000 BRIARCREST DR BRYAN, TX 77802*

Amount of contribution (\$)

*250.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/5/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*SAM HARRISON*

Contributor address;

City; State; Zip Code

*409 E 29TH ST BRYAN, TX 77803*

Amount of contribution (\$)

*500.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

*CAR McNEIL*

6 Contributor address; City; State; Zip Code

*8401 SPRING CROOK O.S. TX 77845*

*\$ 100.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

*P.H. GOERING*

Contributor address; City; State; Zip Code

*844 S. ROSEMARY DR BRYAN, TX 77802*

*\$ 100.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*PAUL AND MARY TORRES*

Contributor address; City; State; Zip Code

*400 N SIMS BRYAN, TX 77803*

*\$ 100.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*ANDREW & SHELLEY NELSON*

Contributor address; City; State; Zip Code

*710 N. ROSEMARY DR BRYAN, TX 77802*

*\$ 1,000.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

10/5/19

HELEN WASHINGTON  
6 Contributor address; City; State; Zip Code

\$ 50.00

2308 WILKES ST BRYAN, TX 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

10/6/19

JOE + JUDIE SCHOLTZ  
Contributor address; City; State; Zip Code

100.00

3208 INNSBRUCK CIRCLE C.S. TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/26/19

TOMMIE RAMIROZ  
Contributor address; City; State; Zip Code

\$ 50.00

308 CHRISTOPHER CIR BRYAN, TX 77803

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>FRANCIS MARLSON</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>570.<sup>00</sup></i>	
5 Date <i>8/28/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LOMMIE DORNS</i>	8 Amount of Contribution \$ <i>570.<sup>00</sup></i>	9 In-kind contribution description <i>FOA</i>
7 Contributor address; City; State; Zip Code <i>601 SAN JACINTO LN BEVAN TX 77803</i>		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Prentiss Madison</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-16-19</i>	5 Payee name <i>Carver-Kemp N.A.</i>	
6 Amount (\$) <i>150<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>1401 W MLK Bryan TX 77803</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign meeting expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>8-24-19</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>124.12</i>	Payee address; City; State; Zip Code <i>Online service</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>post cards</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>9-3-19</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>88.30</i>	Payee address; City; State; Zip Code <i>Vista is online service</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>business cards + car magnet</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date 8-19-19	5 Payee name Wings N more
-------------------	------------------------------

6 Amount (\$) <del>63076</del> 63076	7 Payee address; City; State; Zip Code 2612 Hwy 21 Bryan TX 77803
---	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-9-19	Payee name Producers Coop
----------------	------------------------------

Amount (\$) 9.13	Payee address; City; State; Zip Code N Texas Ave Bryan TX 77803
---------------------	---

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

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

Date 9-16-19	Payee name Sam's Club
-----------------	--------------------------

Amount (\$) 104.51	Payee address; City; State; Zip Code College Station, TX
-----------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED