#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** ANDREW NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** JUL 2021 CITY SECRETARY'S OFFICE Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** PHONE MS / MRS / MR FIRST 6 CAMPAIGN MΙ **TREASURER** KENNETH MR Date Processed NAME NICKNAME Date Imaged \_Au/SON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE CAMPAIGN **TREASURER** 2901 CAMELOT BRYAN TX 77802 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER PHONE** 220-4050 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Year Dav **COVERED** 21 30/ THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if anv) 12 OFFICE MAYOR MAYOR 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	•		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		THAN \$	
	2. TOTAL POLITICAL CONTI (OTHER THAN PLEDGES, LC	<b>RIBUTIONS</b> DANS, OR GUARANTEES OF LOA	ANS) \$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPEN	NDITURES	\$	200 00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THI	E LAST DAY \$	255 . 19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS A	AS OF THE \$	
	swear, or affirm, under penalty of perjury quired to be reported by me under Title 15		Page All	and includes all information
		Signature of	of Candidate or O	fficeholder
	Please com	plete either option be	elow:	
(1) Affidavit				
NOTARY STAMP/SEA	γ ν.	Vala.	1510	
Sworn to and subscribed	before me by	this	the 19th da	secretary.
20 Z, to certify	which, witness my hand and seal of office.	/ C+11a	C31- S	
Signature of officer administer	ering Oath Printed name of	officer administering oath	COTY	e of officer administering oath
	Printed Hame-Or	OR	·	, or officer administrating datif
(2) Unsworn Declarati	on			
My name is		, and my date of bir	rth is	·
My address is	(street)	(city)	(state) (zip	code) (country)
Executed in	County, State of	, on the day of		
	·	Signature of C	andidate/Officeholo	der (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	<i>y</i> .	\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 200°°
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12.			\$

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Credit Card Payment		complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Andrew Nelson  3 Filer ID (Ethics Commission Filer  5 Payee name American Legion Youth Shooting Sports  7 Payee address;  City; State; Zip Code					
4 Date 3-8-2 \	5 Payee name American Legion Youth	. Shooting S	sports			
6 Amount (\$) 200°	7 Payee address; 101 Waco St., Brya	n TX 718	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Non Profit	donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
			_			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						