

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 Mr. Andrew NICKNAME LAST SUFFIX Nelson	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">Date Received: 10/12/16</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">OCT 2016</p> <p style="text-align: center; margin: 0;">COUNCIL SERVICES CITY OF BRYAN</p> <p style="text-align: center; margin: 0;">Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1482, Bryan, TX 77806										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 460-3434										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kenny NICKNAME LAST SUFFIX Lawson										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2901 Camelot Bryan, TX 77802										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 220-4050										
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">07/20/16</td> <td></td> <td style="text-align: center; font-size: 24px;">09/29/16</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	07/20/16		09/29/16		
Month Day Year	THROUGH	Month Day Year									
07/20/16		09/29/16									
11 ELECTION	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 11 / 08 / 16 </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 11 / 08 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 11 / 08 / 16	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)	13 OFFICE SOUGHT (if known) Mayor										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Andrew Nelson

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

30,549.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

256.20

4. TOTAL POLITICAL EXPENDITURES

\$

15,539.47

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

15,009.53

OUTSTANDING
LOAN TOTALS

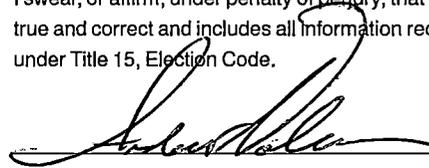
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

8,000.00

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 *Andrew Nelson*, this the *11th* day of *Oct.*, 20 *16*, to certify which, witness my hand and seal of office.

Mary L Stratter

Signature of officer administering oath

Mary L Stratter

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

Andrew Nelson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,549
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 8,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,283.27
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,000
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:

1/15

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/16

5 Full name of contributor

James Andrews & Kathy McCoy

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

P.O. Box 1633 Bryan, TX 77803

\$200 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/17/16

Full name of contributor

John & Cynthia Hinkle

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

4101 Wimbeldon Cir, College Station 77845

\$1,000 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26/16

Full name of contributor

Doug & Cheryl Pederson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

10942 Lakefront Dr, College Station 77845

\$1,000 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/16

Full name of contributor

Reba Ragsdale

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2325 W. Briargate, Bryan TX 77802

\$100 -

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: 2/15
2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Mallard 6 Contributor address; City; State; Zip Code 819 S. Rosemary Dr, Bryan TX 77802	7 Amount of contribution (\$) \$100-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Ogden Contributor address; City; State; Zip Code 3740 Copperfield Dr Ste 203, Bryan 77802	Amount of contribution (\$) \$1000-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Sale Contributor address; City; State; Zip Code 8300 Turkey Creek Rd, College Station 77845	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Singleton Contributor address; City; State; Zip Code 8300 Turkey Creek Rd, College Station 77845	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/15
2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fain McDougal 6 Contributor address; City; State; Zip Code 2490 Boonville Rt Ste 140, Bryan 77808	7 Amount of contribution (\$) \$ 250 -
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Nettles Contributor address; City; State; Zip Code P.O. Box 313, Wellborn, TX 77881	Amount of contribution (\$) \$ 1,000 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Nettles Contributor address; City; State; Zip Code P.O. Box 313, Wellborn, TX 77881	Amount of contribution (\$) \$ 1,000 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russel & Norma Bradley Contributor address; City; State; Zip Code 3401 Chingnapin Ct., Bryan 77807	Amount of contribution (\$) \$ 200 -
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: 4/15
2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur & Victoria Hughes 6 Contributor address; City; State; Zip Code 8085 Atlas Peak Dr #312, Bryan 77807	7 Amount of contribution (\$) \$350-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan & Doy Shipman Contributor address; City; State; Zip Code 733 N. Rosemary, Bryan 77802	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Don Watson Contributor address; City; State; Zip Code 609 Bob White, Bryan, TX 77802	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Schaefer Contributor address; City; State; Zip Code 77845 18599 Anascazi Bluff, College Station	Amount of contribution (\$) \$250-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/15
2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Ball & Janice Bradshaw 6 Contributor address; City; State; Zip Code 77845 4111 Johnson Creek Loop, College Station	7 Amount of contribution (\$) \$500-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrill Green Contributor address; City; State; Zip Code 3914 Park Meadow Ln, Bryan, TX 77802	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Gettnerman III Contributor address; City; State; Zip Code 77845 18687 Anasazi Bluff Dr, College Station	Amount of contribution (\$) \$1,000-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Senter Contributor address; City; State; Zip Code 718 N. Rosemary Dr, Bryan 77802	Amount of contribution (\$) \$200-
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: 6/15
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Adams	7 Amount of contribution (\$)
9/23/16	6 Contributor address; City; State; Zip Code 3008 Briccrest Dr, Ste 508, Bryan 77802	\$1,000-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Flores	Amount of contribution (\$)
9/26/16	Contributor address; City; State; Zip Code	\$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark & Cathy Conlee	Amount of contribution (\$)
9/27/16	Contributor address; City; State; Zip Code 833 N. Rosemary Dr, Bryan, TX 77802	\$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parviz & Chantal Vessali	Amount of contribution (\$)
9/27/16	Contributor address; City; State; Zip Code 110 Pershing Ave, College Station 77840	\$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/15
2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivan & Candy Olson 6 Contributor address; City; State; Zip Code 3008 Coronado Dr, College Station 77845	7 Amount of contribution (\$) \$200-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/27/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro Galindo Contributor address; City; State; Zip Code 3000 Galindo Way, Bryan, TX 77807	Amount of contribution (\$) \$1,000-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/27/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Whitworth Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/27/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cal McNeil Contributor address; City; State; Zip Code 8401 Spring Creek, College Station 77845	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/15
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Debbie Lewis 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1000-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe & Julie Schultz Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.J. & Cherry Ruffino Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett Brewer Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500-
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: 9/15
2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Clanton 6 Contributor address; City; State; Zip Code 77845 2501 Earl Rudder Frey, College Station	7 Amount of contribution (\$) \$1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cletus & Bettie Davis Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy & Cheryl French Contributor address; City; State; Zip Code 77845 4301 Clipstone Pl, College Station	Amount of contribution (\$) \$1,000 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Sarah Godfrey Contributor address; City; State; Zip Code 4824 Miranista Ct, Bryan, TX 77802	Amount of contribution (\$) \$500 -
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:

10/5

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/16

5 Full name of contributor

Dennis & Kaye Groehring

6 Contributor address; City; State; Zip Code

844 S. Rosemary Dr, Bryan TX 77802

7 Amount of contribution (\$)

\$ 500-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/16

Full name of contributor

Bobby Gutierrez

Contributor address; City; State; Zip Code

404 Haswell Dr, Bryan TX 77803

Amount of contribution (\$)

\$ 1,000-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

Walter & Cindy Hinkle

Contributor address; City; State; Zip Code 77845

4104 Wimbledon Cir, College Station

Amount of contribution (\$)

\$ 500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

Larry Hodges

Contributor address; City; State; Zip Code 77845

5301 Woodall, College Station

Amount of contribution (\$)

\$ 350-

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:

11/15

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Fadi Kalaouze

6 Contributor address;

City; State; Zip Code

4206 Serrano Ct, Bryan, TX 77802

7 Amount of contribution (\$)

\$500-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Kevin & Abbie Krolczyk

Contributor address;

City; State; Zip Code

1411 S Texas Ave, Bryan, TX 77802

Amount of contribution (\$)

\$500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Kenny & Lina Lawson

Contributor address;

City; State; Zip Code

2901 Camelot Dr, Bryan, TX 77802

Amount of contribution (\$)

\$1,000-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

LowAnn McKinney

Contributor address;

City; State; Zip Code

3313 Emory Oak Dr, Bryan 77807

Amount of contribution (\$)

\$500-

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:

12/15

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Charles Schwertner

7 Amount of contribution (\$)

\$ 1,000-

6 Contributor address; City; State; Zip Code

P.O. Box 2448, Georgetown, TX 78627

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Swearingen

Amount of contribution (\$)

\$ 500-

Contributor address; City; State; Zip Code

3717 Stillmeadow Dr, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Jimmy & LeeAnn Loup

Amount of contribution (\$)

\$ 1000-

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Jana Lawrence

Amount of contribution (\$)

\$ 250-

Contributor address; City; State; Zip Code

5289 Sandy Point Rd, Bryan 77807

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:

13/15

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/16

5 Full name of contributor

Jim Jones

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code 77845

8690 Weedon Loop, College Station

7 Amount of contribution (\$)

\$250-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/16

Full name of contributor

Don Lewis

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code 77840

1511 Texas Ave #116, College Station

Amount of contribution (\$)

\$500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

Scott & Sharon Hickle

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

914 Park Ln, Bryan, TX 77802

Amount of contribution (\$)

\$500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

Art Hughes

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

P.O. Box 6023, Bryan, TX 77805

Amount of contribution (\$)

\$350-

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:

14/15

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Elaina Glockzin

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$250-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Emanuel Glockzin

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$250-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Charles & Cindy Mancuso

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

7182 Fm 2223, Bryan TX 77808

\$500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

David Segers

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$225-

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:

15/15

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/16

5 Full name of contributor

John Clark

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$249

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/14

Full name of contributor

Peter Currie

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

Full name of contributor

Sue Pieters

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

5258 Julie Circle, Bryan, TX 77807

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 8,000

5 Date of loan

8/29/16

7 Name of lender

Andrew & Shelby Nelson

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

8,000

6 Is lender a financial institution?

Y N

8 Lender address;

City; State; Zip Code

720 N Rosemary Dr. Bryan TN 3782

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/5	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
-----------------------------------	-------------------------------	---------------------------------------

4 Date 8/31/16	5 Payee name Copy Corner
-------------------	-----------------------------

6 Amount (\$) \$75.78	7 Payee address; City; State; Zip Code 2307 S. Texas Ave, College Station, TX 77845
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
-----------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/1/16	Payee name Twinn Co Marketing
----------------	----------------------------------

Amount (\$) \$1000.00	Payee address; City; State; Zip Code 108 E. William J. Bryan Pkwy, Bryan, TX 77803
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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
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Date 9/7/16	Payee name Newman Printing
----------------	-------------------------------

Amount (\$) \$605.12	Payee address; City; State; Zip Code 1300 E. 25th St, Bryan, TX 77802
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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
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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: 2/5	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 9/7/16	5 Payee name Copy Corner
-------------------------	------------------------------------

6 Amount (\$) \$434.62	7 Payee address; City; State; Zip Code 2307 S. Texas Ave, College Station, TX 77840
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/16	Payee name USPS
-----------------------	---------------------------

Amount (\$) \$202.10	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/16	Payee name Kirk Barnes
------------------------	----------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/5	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 9/15/16	5 Payee name All Services Irrigation
--------------------------	--

6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code P.O. Box 11068, College Station, TX 77845
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(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 9/16/16	Payee name C.C. Creations
------------------------	-------------------------------------

Amount (\$) \$-78.81	Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77803
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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 9/16/16	Payee name C.C. Creations
------------------------	-------------------------------------

Amount (\$) \$250.87	Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77803
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/5	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 9/16/16	5 Payee name C.C. Creations
--------------------------	---------------------------------------

6 Amount (\$) \$4,817.13	7 Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77803
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
------------------------------------	---	---

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

Date 9/26/16	Payee name Bryan Broadcasting
------------------------	---

Amount (\$) \$645.00	Payee address; City; State; Zip Code 2700 East Rudder Fwy #5000, College Station TX 77845
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	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 9/13/16	Payee name Taco Cabana
------------------------	----------------------------------

Amount (\$) \$101.16	Payee address; City; State; Zip Code 701 S. Texas Ave, College Station, TX 77840
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Exp.	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5/5	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 9/27/16	5 Payee name Christopher's World Grill
--------------------------	--

6 Amount (\$) \$3412.68	7 Payee address; City; State; Zip Code 6001 Boonville Rd, Bryan, TX 77802
-----------------------------------	---

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
------------------------------------	--	---

9 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 3,000
5 Date 7/22/16	6 Payee name Twinz Co. Marketing	
7 Amount (\$) 3,000	8 Payee address; City; State; Zip Code 108 E. William J Bryan Pkwy, Bryan, TX 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 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
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED