CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST NICKNAME LAST	SUFFIX	OFFICE USE ONLY Date Received R Int C Int I V Int D		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	ELECTION OFFICE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 847 - 2000	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIRST NICKNAME LAST MS LAST	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI BOX 496 W)	UITE #; CITY; STATE; WORLY TO	ZIP CODE 1847		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 738 1064	EXTENSION			
9 REPORT TYPE	July 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year / 3/ // 7	THROUGH Honth	Day Year / /5 / / 7		
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er 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 COMMISUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIOF SUCH EXPENDITURES.					
v v	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS	3			
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
7	ė.	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 980 -			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ (2255=>			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT						
Jaconstratoris		I swear, or affirm, under penalty of perjury, true and correct and includes all information				
	KIMBERLI DAWN AN Notary Public, State (UMEWS (January III			
(()	Notary ID# 1224 My Commission Ex	112-7				
OF TELEVISION	DECEMBER 17	2018	1.			
		Signature of Candidate	or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE	Andrews Let Calabe	17th			
Sworn to and subscr	ibed before me, t	by the said W W W W W W W W W W W W W W W W W W W	_, this the			
day of	20 1	to certify which, witness my hand and seal of office.				
Kimber	li and	drews Kimberli ands	avs			
Signature of officer a	dministering oath	Printed name of officer administering oath Ti	itle of officer administering oath			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission File	
Date	5 Payee name			
Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	1 1	1.1/	
	1	11.0		
Reimbursement from		LM	/0"	
political contributions intended		MILL		
	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF			e of Texas. Complete Schedule T.	
EXPENDITURE			X, officeholder living expense	
complete ONLY if direct xpenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		•	
Amount (\$)	Payee address; City; State; Zip Code			
27				
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
OF		Check if travel outside	e of Texas. Complete Schedule T.	
XPENDITURE		Check if Austin, TX	X, officeholder living expense	
complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	

January 2017 - July 2017

DATE	PAYEE	PAYEE ADDRESS	PURPOSE	CATEGORY	AMOUNT
4/1/2017	VFW Wimberley	PO BOX 535 Wimberley	Rodeo Sponsor	Expense	\$650.00
4/4/2017	Nancy McCallick FFA	Wimberley FFA	Rodeo Sponsor	Expense	\$300.00
7/4/2017	Wimberley Chamber	Wimberley	Chamber Sponsor	Expense	\$30.00
				TOTAL	\$980.00