

# 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: <b>5</b>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST MI <div style="text-align: center; font-size: 1.2em;">DAVID L.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">PETERSON</div>		<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.5em; color: blue;">RECEIVED</div> <div style="font-size: 1.2em; color: blue;">JUL 20 2015</div> <div style="font-size: 1.2em; color: blue;">ELECTION OFFICE</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center; font-size: 0.8em;">DS</div> Date Hand-delivered or Date Postmarked  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.1em;">505 CANDLELIGHT LANE SAN MARCOS, TX 78666</div>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.1em;">(512) 738 2583</div>										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST MI <div style="text-align: center; font-size: 1.2em;">JOSE A.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">LUCIO</div>										
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.1em;">2706 DEES ST. SAN MARCOS, TX 78666</div>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.1em;">(512) 396-8451</div>										
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input 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 checked="" 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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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)
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <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: 1.2em;">01 / 01 / 2015</td> <td></td> <td style="text-align: center; font-size: 1.2em;">06 / 30 / 2015</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 2015		06 / 30 / 2015		
Month Day Year	THROUGH	Month Day Year									
01 / 01 / 2015		06 / 30 / 2015									
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; vertical-align: top;">           ELECTION DATE            Month Day Year  <div style="text-align: center; font-size: 1.2em;">/ /</div> </td> <td style="width:65%; vertical-align: top;">           ELECTION TYPE  <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> </td> </tr> </table>			ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">/ /</div>	ELECTION TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	
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<b>12</b> OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">           OFFICE HELD (if any)   <div style="text-align: center; font-size: 1.2em;">CONSTABLE PRECINCT 1</div> </td> <td style="width:50%; vertical-align: top;"> <b>13</b> OFFICE SOUGHT (if known)           </td> </tr> </table>			OFFICE HELD (if any)  <div style="text-align: center; font-size: 1.2em;">CONSTABLE PRECINCT 1</div>	<b>13</b> OFFICE SOUGHT (if known)						
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GO TO PAGE 2

# SUBTOTALS - COH

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                           | \$ 200.00 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$        |
| 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        | \$ 196.00 |
| 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 G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$        |
| 9.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$        |
| 10. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$        |
| 11. | <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: <b>1</b>
2 FILER NAME <b>DAVID L. PETERSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES L. BAUMGEL</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>110 ROY CREEK TRAIL, DRIPPING SPRING, TX 78620</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>1</u>		<b>2</b> FILER NAME <u>DAVID L. PETERSON</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>2/23/15</u>		<b>5</b> Payee name <u>SAN MARCOS DAILY RECORD</u>			
<b>6</b> Amount (\$) <u>96.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>1910 IH 35</u> <u>SAN MARCOS, TX 78666</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  <u>AD FOR FUNDRAISER</u>		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>DAVID L. PETERSON</u>		Office sought	Office held <u>CONSTABLE Pct 1</u>
Date <u>4/16/15</u>		Payee name <u>EL CENTRO CULTURAL HISPANO DE SAN MARCOS</u>			
Amount (\$) <u>100.00</u>		Payee address; City; State; Zip Code <u>211 LEE ST.</u> <u>SAN MARCOS, TX 78666</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  <u>TABLE SPONSOR FOR CINCO DE MAYO 2015 LUNCHEON</u>		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			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

\$ 400.00

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

\$ 600.00

EXPENDITURE  
TOTALS

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

\$ 196.00

4. TOTAL POLITICAL EXPENDITURES

\$ 196.00

CONTRIBUTION  
BALANCE

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

\$ 582.45

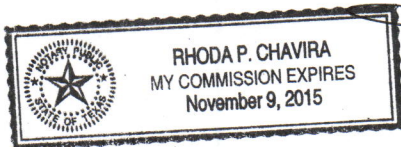
OUTSTANDING  
LOAN TOTALS

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

\$ 500.00

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 David L. Peterson, this the 20<sup>th</sup>  
day of July, 20 15, to certify which, witness my hand and seal of office.

Rhoda P. Chavira

Rhoda P. Chavira

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath