

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:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DAVID

L

PETERSON

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

505 CANDLELIGHT LANE
SAN MARCOS, TX 78666

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

738-2583

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JOSE

A.

LUCIO

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

2706 DEES ST.
SAN MARCOS, TX 78666

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

396-8451

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

01 / 01 / 2016

THROUGH

Month Day Year

06 / 30 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

11 / 08 / 2016

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

CONSTABLE PRECINCT 1

13 OFFICE SOUGHT (if known)

CONSTABLE PRECINCT 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

DAVID L PETERSON

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

\$ 1,475.00

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

\$ 4,425.00

EXPENDITURE
TOTALS

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

\$ 259.08

4. TOTAL POLITICAL EXPENDITURES

\$ 2,899.40

CONTRIBUTION
BALANCE

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

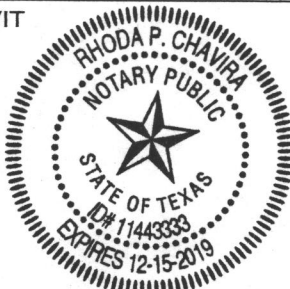
\$ 1,747.79

OUTSTANDING
LOAN TOTALS

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

\$ 500.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 45, Election Code.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David L. Peterson, this the 19th day of July, 20 16, to certify which, witness my hand and seal of office.

Rhoda P. Chavira

Signature of officer administering oath

Rhoda P. Chavira

Printed name of officer administering oath

Notary

Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

DAVID L PETERSON

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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TOTALS

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

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BALANCE

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OF REPORTING PERIOD

\$ 1,747.79

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 _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DAVID L PETERSON

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,950. 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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,640. ³²
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:

1 of 6

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

1-21-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES SOECHTING

6 Contributor address;

City; State; Zip Code 78666

3331 RANCH RD 12 STE 107 SAN MARCOS, TX

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-22-16

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES L. BAUMDEL

Contributor address;

City; State; Zip Code

110 ROY CREEK TRAIL DRIPPING SPRINGS, TX
78620

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-16

Full name of contributor

☐ out-of-state PAC (ID#:

BLAINE & SOYOUNG EISEN

Contributor address;

City; State; Zip Code

3001 OAK LODGE, SAN MARCOS, TX 78666

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-16

Full name of contributor

☐ out-of-state PAC (ID#:

MELVIN & ALMETA DURHAM

Contributor address;

City; State; Zip Code

1213 BAYLOR AVE SAN MARCOS, TX 78666

Amount of contribution (\$)

\$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 of 6

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

1-25-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

DICK SCOTT

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

11030 MT SHARPRD WIMBERLEY, TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-25-16

Full name of contributor

☐ out-of-state PAC (ID#:

ELI & CARMEN SEPULVEDA

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1113 N BARBARA DR SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25-16

Full name of contributor

☐ out-of-state PAC (ID#:

LUCIO LOPEZ

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1111 N BARBARA DR SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-16

Full name of contributor

☐ out-of-state PAC (ID#:

MENDEZ BROTHERS BAIL BONDS

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

1011 UHLAND RD EAST #2 SAN MARCOS, TX 78666

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:

3 of 6

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

1-29-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

GABRIEL & SON UPHOLSTERY, INC.

6 Contributor address;

City; State; Zip Code

113 TEXAS AVENUE SAN MARCOS, TX 78666

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-2-16

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIE E. BURLESON

Contributor address;

City; State; Zip Code

1525 FM1979 SAN MARCOS, TX 78666

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-16

Full name of contributor

☐ out-of-state PAC (ID#:

JACK & VIRGINIA EBEN

Contributor address;

City; State; Zip Code

3202 N STATE HWY 123 SAN MARCOS, TX 78666

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-16

Full name of contributor

☐ out-of-state PAC (ID#:

CYNDY & JEFFERSON BARTON

Contributor address;

City; State; Zip Code

201 MARIETTAS WAY BUDA, TX 78610

Amount of contribution (\$)

\$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:

4 of 6

2 FILER NAME

DAVID L PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JUNE B BAUMGEL

6 Contributor address;

City; State; Zip Code

110 ROY CREEK TRAIL DRIPPING SPRINGS, TX
78620

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

1-27-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

TIM WILLIAMSON

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

219 W COMANCHE SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-2-16

Full name of contributor

☐ out-of-state PAC (ID#:

LUIS & MARIA HERNANDEZ

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

506 CANDLELIGHT LANE SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-16

Full name of contributor

☐ out-of-state PAC (ID#:

ROSEMARY B CAMPISE

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

5401 HILLIARD RD SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-16

Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES A CAMPISE

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

5401 HILLIARD RD SAN MARCOS, TX 78666

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 of 6

2 FILER NAME

DAVID L PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

2-17-16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN K JOHNSON

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

1606 PALOMINO LN SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-3-16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOSEPH & LEA ANN KENWORTHY

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

104 VALLEY CIRCLE, SAN MARCOS, TX 78666

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)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3		2 FILER NAME DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)	
4 Date 1-25-16		5 Payee name LAUREN'S WILDFLOWER BAKERY			
6 Amount (\$) \$125		7 Payee address; City; State; Zip Code 416 B MOORE ST. SAN MARCOS, TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE/ ASSORTED PASTRIES		(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 2-4-16		Payee name SAN MARCOS DAILY RECORD			
Amount (\$) \$1026		Payee address; City; State; Zip Code 1910 IH 35 SOUTH SAN MARCOS, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE/ NEWSPAPER AD		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 2-26-16		Payee name COLOR MIX			
Amount (\$) \$476.44		Payee address; City; State; Zip Code 404 SOUTH C M ALLEN PARKWAY SAN MARCOS, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE/ SIGNAGE & BANNER		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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME DAVID L. PETERSON	3 Filer ID (Ethics Commission Filers)
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4 Date 4-19-16	5 Payee name BILL HUDDLESTON
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6 Amount (\$) \$280	7 Payee address; City; State; Zip Code 112 NORCREST DR SAN MARCOS, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE/ CAMPAIGN SERVICES	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-9-16	Payee name AMERICAN GI FORUM OF SAN MARCOS
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Amount (\$) \$160	Payee address; City; State; Zip Code MITCHELL ST. SAN MARCOS, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE/ AD IN STATE CONVENTION PROGRAM	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-10-16	Payee name SAN MARCOS HIGH SCHOOL
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Amount (\$) \$100	Payee address; City; State; Zip Code 2601 RATTLER ROAD SAN MARCOS, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS / DONATION TO PROJECT GRADUATION	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 <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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 5-13-16	5 Payee name SAM'S CLUB
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6 Amount (\$) \$163.83	7 Payee address; City; State; Zip Code 1350 LEAH AVE SAN MARCOS, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATION TO 1ST BAPTIST CHURCH FOR CHURCH FUNDRAISER	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-17-16	Payee name COLOR MIX
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Amount (\$) \$309.05	Payee address; City; State; Zip Code 404 SOUTH C M ALLEN PARKWAY SAN MARCOS, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE/ PROMOTIONAL PRODUCTS	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 <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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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
--	-------------------------------	---------------	-------------