### 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  DAVID	OFFICE USE ONLY		
	NICKNAME LAST  PETERSON	SUFFIX	PECENED RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;  505 CANDLELIGHT  SAN MARCOS, TX		NOV - 2 2016 ELECTION OFFICE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 738-2583	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	Ä	Receipt # Amount \$  Date Processed	
	NICKNAME LAST  LUCIO	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  2706 DEES ST.  SAN MARCOS, TI		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 396-8451	EXTENSION  ALTERIAL SECTION ATOT	A NOTURERANOL MAN I	
9 REPORT TYPE	January 15  30th day before e	Se patrico de la como de servicio de la como	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	0 9 /30 /2016	THROUGH 10 /	Day Year 29 / 2016	
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 / 08 / 2016 General	ELECTION TYPE  Runoff Other Description  Special	Chaus Million III ann an Main	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	STOP S CASSISTS	nervines are the interest of the section of the sec	5 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.		
ECEMED	COMMITTEE TYPE	COMMITTEE NAME	
ame e _ v	GENERAL	36 /	
V - 2 2016 TION OFFICE	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	Scott A Samonia
Additional Pages	angle ma	138 : 584	ENORUL ENORUL EN
	7. 35.9.50 (05.1.87.076	COMMITTEE CAMPAIGN TREASURER ADDRESS	Marine Marine Marine
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
TOTALE		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	:	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	sa day	그 그 그 사람들은 그는 사람들이 가는 사람들이 가는 사람들이 되었다면 하는 것이 되었다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	erjury, that the accompanying report is ormation required to be reported by me
		antaza	erada - Kila III. kwaliki (3.4
AFFIX NOTARY STAM	IP/SEALABOVE	Signature of Cano	didate or Officeholder
		hy the said	a per sortio
Sworn to and subso		to certify which, witness my hand and seal of office.	, this the
day of	, 20	Activities and sear of office.	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	D L. PE		Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR IN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INF	IT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ _0-
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 214.00	
	4. TOTAL	\$ 925.13	
CONTRIBUTION BALANCE	5. TOTAL OF REF	\$ 925.13 \$ 2748.88	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 500.00
AFFIX NOTARY STAN	PUBLIC TEXTS OF TEXTS	I swear, or affirm, under penalty of perjutrue and correct and includes all information under Title 15, Election Code.  Signature of Candida	ation required to be reported by me
Sworn to and subso		by the said David L. Peterson to certify which, witness my hand and seal of office.	, this the2
Phoda P	Charrie	RHoda P. Chaviva	Notary
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 20 Filer ID (Ethics Co.	mmission Filers)
	DAVID L. PETERSON	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 925,13
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## 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

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)

redit Card Payment	The Instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)
Date / /	5 Payee name		
10/6/16	SARA WUNETTE'S RUN		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$100	206 MAIN ST, MARTINDALE,	Tx 78656	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF	EVENT EXPENSE / DONATION	Check if Austi	n, TX, officeholder living expense
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1 1	MARY JEAN EARLS		
10/7/16	MARY SEAM CARE		
Amount (\$)	Payee address; City; State; Zip Code		
	505 CANDLELIGHT LANE, S	PANI MARCO	TX 786 66
#202	305 CANDEE ON SINE, 5	7770	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF	ADVERTISING EXPENSE	Check if Austir	n, TX, officeholder living expense
EXPENDITURE	T-SHIRTS		
	1-3HIRI		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
. /	[ ] : [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		
10/7/16	COLOR MIX		
Amount (\$)	Payee address; City; State; Zip Code		
τσσιτ (ψ)			
16	404 SOLETH CM ALLEN PKW	4 1 SAN MA	RCOS, TX 78666
#200	[		
#200	Category (See Categories listed at the top of this schedule)	Description	
# 200 PURPOSE			utside of Texas. Complete Schedule T.
PURPOSE OF		Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
PURPOSE	Category (See Categories listed at the top of this schedule)  ADVERTISING—EXPENSE/ SIGNAGE	Check if travel or	
PURPOSE OF		Check if travel or	
PURPOSE OF	ADVERTISING—EXPENSE/ SIGNAGE  Candidate / Officeholder name	Check if travel or	

## 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)

Ordan Oastr ayment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1	DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/16	5 Payee name  MARY JEAN EARLS		
6 Amount (\$)	7 Payee address; City; State; Zip Code 505 CANOLELIGHT LANE, SAN	MARCOS, TX	7866 b
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE    T-SHIRTS		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 10/29/16	Payee name 5AM 'P		
Amount (\$)	Payee address; City; State; Zip Code  1350 LEAH LANE, SAN MAN	2008, TX 786	666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONTRIBUTION   DONATION OF  FOOD TO FIRST STEP SCHOOL  4003 HUNTER RD, SAN MARCOS, TX		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	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)		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEFI	DED