CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MB FIRST DAVID	MI L	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	PETERSON		10/3
4 CANDIDATE / OFFICEHOLDER MAILING	505 CANDLELIGHT		10-13-16 Occ
ADDRESS Change of Address	SAN MARCOS, TX	78666	V
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 738-2583	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Lucio		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 2706 DEES ST SAN MARCOS, T		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 396-8451	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 /01 / 2016	THROUGH 09/	Day Year 2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 11 / 08 / 2016 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	CONSTABLE PCT 1	CONSTABLE	PCTI
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			iler ID (Ethics Commission Filers)
$\mathcal{D}_{\mathbf{f}}$	TVID L.	PETERSON	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC	A	
	1		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	,		
	n		
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 306/00
			\$ 3061.00
		POLITICAL CONTRIBUTIONS	\$ 161100
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	6761.
EXPENDITURE		A CONTRACTOR OF THE PROPERTY O	
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	UNLES	3 ITENIZED	
	4. TOTAL	POLITICAL EXPENDITURES	6 - 1- 15
			5347.6
CONTRIBUTION	_		\$ 5347.65 \$ 3856.80
BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 2561 80
	OF REF	ONTING FEGIOD	2836.
OUTSTANDING	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	\$ 500.00
	9 5 3		
18 AFFIDAVIT	*********		
willing.	A P. CHAMILE	I swear, or affirm, under penalty of perjur	y, that the accompanying report is
AFFIDAVII	RY PI	true and correct and includes all informat	
NOW. NOT	A BILL	under Title 15, Election Code.	
	OF TEXTS 11443353		
5			
	OF TEXT		July
	11443333	Signature of Candidat	e dyr Officeholder
"III ME			
AFFIX NOTARY STAN	ANSHANYBOVE		
		by the said David L. Peterson	this the 13th
Sworn to and subsc	ribed before me,	by the said 17001 B. 101613011	, this the13
day of Oct.	, 20 <u></u> ,	to certify which, witness my hand and seal of office.	_
P1. 1 P 01	•	011 1 0 01	D 1-1
Moda I. Cho	ma	RHoda P. Chavira No-	tary Tublic
Signature of officer a	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 (Ethic	s Commission Filers)
DAVID L. PETERSON	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3900.°°
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	\$ 5347.65
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/O	рн \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

			<i>~</i>
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	D L. PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/16	5 Full name of contributor out-of-state PAG C L CONCRETC 6 Contributor address; City; State 1105 Q UAIL RUN, SAN MA	e; Zip Code	7 Amount of contribution (\$) # 1200
	1105 QUAIL RUN, SAN MA	RCOS, Tx (8666	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
8/6/16		zip Code LARCOS, TX 78666	# 200
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
816 116	JAMES & SHARON JACKSE Contributor address; City; State 905 EASTON DR., SAN MARCOS	; Zip Code	\$100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
8/6/16	FRANK T. ARREDO Contributor address; City: State 904 STAGECOACH SAN MAN	e; Zip Code	#100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

ine	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	1) / Discrete and	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
16/16	LEON BREEDON 6 Contributor address; City; State; Zip Code 120 W. HOPKINS # LOZ, SAN MARCOS, TX 78666	#200
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
16/16	FENTRESS STAR MHP LLC Contributor address; City; State; Zip Code 2602 LESLIE LN, SAN MARCUS, TX 78666	# 300
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
18/16	RANDALL & KATHY MORRIS Contributor address; City; State; Zip Code 333 CHEATHAM ST., SAN MARCOS, TX 78666	#150
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) GAYE 5 COBB	Amount of contribution (\$)
/ /	Contributor address; City; State; Zip Code	#100
/26/16	Contributor address; City; State; Zip Code 2370 BRIDLEWOOD RANCHES DRIVE SAN MARCOS, TX 78666	4700

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

DAVID L. PETERSON 4 Date 5 Full name of contributor out-of-state PAC (ID#: 9/28/16 6 Contributor address; City; State; Zip Code 1/2/2/1 LABRAPON BAY CT. AUSTIN, TX 78732 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PETER BAEN Contributor address; City; State; Zip Code 40 BLANCO RIVEN RANCH, SAN MARCOS, TX 786 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date 5 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 12221 LABRAPON BAY CT. AUSTIN, Tx 78732 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: PETER BAEN Contributor address; City; State; Zip Code 401 BLANCO RIVEN RANCH, SAN MARCOS, TX 786	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	Amount of contribution (\$)
29/16 PETER BAEN Contributor address; City; State; Zip Code 401 BLANCO RIVER RANCH, SAN MARCOS, TX 786	# 100
Contributor address; City; State; Zip Code 401 BLANCO RIVER RANCH, SAN MARCOS, TX 786	666
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	nstructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/29/16 BECERRA CORP Contributor address; City; State; Zip Code PO Box 753, SAN MARCOS, TX 78666	#100
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 120 W HOPKINS ST., SAN MARCOS, TX 7866	#100
Principal occupation / Job title (See Instructions) Employer (See In	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	4
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
DAV	ID L PETERSON	
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
1-1/4	SHANNON BACKUS	
8/30/16	6 Contributor address; City; State; Zip Code	#1000
	SHANNON BACKUS 6 Contributor address; City; State; Zip Code ALGARITA ST., SAN MARCOS, TX 786	66
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occur	ation / Job title (See Instructions) Employer (See	Instructions)
i ilioipai oodap	and the cost management,	The design of
Date	Full name of contributor	Amount of contribution (\$)
*	Contributor address; City; State; Zip Code	
	3.g, 3.ms, 2.p 3.s	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	ကေရးသည္။ မေတြကို သည္။ မေတြကို သည	
	Contributor address; City; State; Zip Code	
Principal occup	pation / 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.

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

	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	DAVID L PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/16	5 Payee name LOWE'S		
6 Amount (\$) # 76.43	7 Payee address; City; State; Zip Code 2211 TH 35, SAN MARCOS	Tx 7866	6
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER/TIES for Signs		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 7/6/16	Payee name JAMES ESPII	roza	
Amount (\$) #115	Payee address; City; State; Zip Code 261 Columbia Circle, SA	N MARCOS,	Tx 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE/TICKETS FOR FUNDAMISER		tside 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 7/12/16	Payee name CITY OF SAN MAI	ecos	
Amount (\$)	Payee address; City; State; Zip Code 630 E HOPKINS, SAN MAKE	cos, Tx 72	7666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE / ACTIVITY CENTER RENTAL		ntside of Texas. Complete Schedule T. , 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 NEE	EDED

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/16	5 Pavee name	RCOS	
6 Amount (\$) \$140.75	CITY of SAN MAR. 7 Payee address; City; State; Zip Code 630 E HOPKINS, SAN MA	Acos, Tx 7	18666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE / ACTIVITY CENTER RENTAL		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 7/12/16	Payee name BRITTANY VEST Payee address; City; State; Zip Code		
Amount (\$) #170	Payee address; City; State; Zip Code [VRD, SAN MA	ARCOS, TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABUR / MISC CAMPAIGN ASSISTANCE		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 8/4/16	Payee name ROGELIO'S		
Amount (\$) #535, 32	Payee address; City; State; Zip Code 6255 LBT DR., SAN MARCO	15, Tx 7866	6
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE (FOOD for FUNDAMISE A		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 NEE	DED

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	,
1 Total pages Schedule F1:	PAYID L PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/16	5 Payee name SAm's		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1350 LEAH AVE, SAN MARCO	S, TX 7866	6
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE / Supplies FOR FUNDRAISER		tside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Pate 8/6/16	Payee name LAUREN'S WILDFLOUR	BAKERY	
Amount (\$) #150	Payee address; City; State; Zip Code 4/6B MOORE ST., SAW MARC	cos, Tx 78	266 b
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE / PASTRIES FOR FUNORAISER		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 9 8/K//6	Payee name Lowe's	(E)	
Amount (\$) #20.86	Payee address; City; State; Zip Code 2211 IH 35, SAN MARCOS, TX	78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER SIGNAGE EXPENSE TIES & TAPE		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
4 Date , ,	DAVID L PETERSON 5 Payee name	<u> </u>	
8/10/16	ROGELIO'S		
6 Amount (\$)	7 Payee address; City; State; Zip Code	= = 0111	
\$33.04	625 5 LBJ DR, SAN MARCO	08,7x 78666	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	FOOD (BEVERAGE EXPENSE)	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	LUNCH FOR CAMPAIGN	Check if Austin, TX, officeholder living expense	
	WORKERS		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
8/10/16	HOBBY (BBBY		
Amount (\$)	HoßBY LoßBY Payee address; City; State; Zip Code		
#12.97	933 Hwy 80, SAN MARCOS, TX	78646	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	ASSESSED TO THE TO	Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense			
	FRAME FOR CAMPAIGN PICTURE		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
8/11/16	JAMES ESPINOZ	A	
Amount (\$)	Pavee address: City: State: Zip Code		
#145	261 COLUMBIA CIRCLE, SAN	MAIRCOS 17 X / 8666	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	ADVERTISING EXPENSE/ CAMPAIGN PAMPHLETS	Check if Austin, 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 NEEDED	
	A I A CITA DE I TOTAL COTTE COTT TITLE		

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
13	DAVID L. PETERSON		
8/11/16	7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code	7.78616	
# 350	1025 CHEATHAM ST, SAN N	MARCOS, JX 18460	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	ADVERTISING EXPENSE/ CAMPAIGN SIGNS	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	CAMBRICAL SIGNS	Check if Austin, TX, officeholder living expense	
	CHMPHIGH		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		_
8/11/16	WALGREENS		
Amount (\$)	Payee address; City; State; Zip Code	78664	
\$ 144.90	639 E. HOPKINS, SAN MAR	205, 12 / 5000	
1 ~	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	CAMPAIGN PHOTOS	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	_
expenditure to benefit C/OI	1		
Date	Payee name		_
8/12/16			
	HOBBY LOBBY Payee address; City; State; Zip Code 933 HWY 89 SAN MARCOS		
Amount (\$)	Payee address; 'City; State'; Zip Code	TX 78666	
# 91,96	19911109 09 0111 711110000	,	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ADVERTISING EXPENSE!	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	ADVERTISING EXPENSE! PICTURE FRAMES	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OI	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
Total pages Schedule F1	DAVID L. PETERSON	3 Filer ID (Ethics Commission Filers)
8/26/16	5 Payee name SAM'S	
# 6 (.79	7 Payee address; City; State; Zip Code 1350 LEAH AVE, SAN MARC	os, TK 78666
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / FOOD FOR CALABOOSE FOUNDATION FUNDRAISER	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 9(()() Amount (\$)	Payee name ARTHUR TAYLOR Payee address; City; State; Zip Code LISA LANE, SAN MARCOS,	Tx 73666
# 85	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	ADVERTISING/LABOR EXPENSE / WEBSITE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 9/3/16	Payee name Mc Coy's	
Amount (\$) \$ 1 36.51	Mc Coy's Payee address; City; State; Zip Code 110 WONDER WORLD DR.	,SAN MARCOS, TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 51GNAGE EXPENSE/ TIES	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

Oreun Gard F ayment	The Instruction Guide explains how to o	omplete this form.	
1 Total pages Schedule F1	DAVID L PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/16	5 Payee name Lowe's		
6 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; City; State; Zip Code 2211 IH 35, SANMARCOS	Ta 72666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNAGE EXPENSE/ TIES		nutside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/12/16	CoLormix Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
# 438.41	404 South CM Allew Pkwy,	SAN MARCO	15, Tx 78665
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE/ CAMPAIGN SIGNS		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 9/13/16	Payee name LINDA GARZA		
Amount (\$)	Payee address; City; State; Zip Code 5TONE BROOK APTS, SAN	NARCOS, T	x 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR / MISC CAMPAIGN ASSISTANCE		utside of Texas. Complete Schedule T. n, 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 NEI	EDED

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME DAVID L PETERSON	3 Filer	ID (Ethics Commission Filers)
9/13/16	5 Payee name Lowe's		
4 128,12	7 Payee address; City; State; Zip Code 2211 IH 35, SAN MARCOS	TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SICMAGE EXPENSE / POWER DRILL	(b) Description Check if travel outside of Texas Check if Austin, TX, officer	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/23/16	JAMES E SPINOZ Payee address; City; State; Zip Code	A	
Amount (\$)	Payee address; City; State; Zip Code		- 781.11
#60	261 Columbia Circle, S	AN MARCOS, T	× / 2006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE / CAMPAIGN LETTERS	Description Check if travel outside of Texas Check if Austin, TX, officeh	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date 9/27/16	Payee name CODY'S BISTRO Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
\$1500	690 CENTERPOINT RD., SAN	MARCOS, TX 7	8646
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE / CATERING FOR MEET 4 GREET	Description Check if travel outside of Texas Check if Austin, TX, officeh	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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

Credit Gard Fayirlent	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME DAVID L PETERSON	3 Filer ID (Ethics Commission Filers)
9/27/16	5 Payee name DAVID PETERS & N 7 Payee address; City; State; Zip Code	
# 150	7 Payee address; City; State; Zip Code 505 CANDLELIGHT LANE, S.	AN MARCOS, TX 7-8666
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	BEVERAGE EXPENSE! BEVERAGES FOR MEET &	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITORE	BEVERAGES FOR MEEV &	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/24/16	HEB	
Amount (\$)	Payee address; City; State; Zip Code 641 E HOPKINS, SAN MAI	ecos, Tx 78661
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE MISC Supplies FOR MEET + GREET	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/24/16	DOLLAR GENERAL	
Amount (\$)	Payee address; City; State; Zip Code HUNTER ROAD, SAN MAR	cos, Ta 78666
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	EVENT EXPENSE MISC Supplies FOR MEET 4	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Supplies FOR MILE! F GREET	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/16	5 Payee name 5 AN MARCOS BB 9		
6 Amount (\$) \$1 64.95	7 Payee address; City; State; Zip Code 2601 HUNTER ROAP, SAN	MARCOS, I	× 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE / FOOD FOR MEET 4 GREET		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		a de la companya del companya de la companya de la companya del companya de la co
9/29/16	LAUREN'S WILDFLOWER	2 BAKER	y
Amount (\$) \$\frac{4}{112.50}\$	Payee address; City; State; Zip Code 4/6B MOORE ST., SAN MA	arcos, Ta	78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE/PASTRIES FOR MEET & GREET		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
go 7/1/16 9/30	SAN MARCOS POLICE OFFIC	ERS ASSO	CIATION
Amount (\$)	Payee address; City; State; Zip Code SAN MARCOS, Tx 78666		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION / Simport KIDS FOOTBALL		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
a,	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

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 Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

ne how to complete this form

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	DAVID L PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
1/19/16	THE FRIENDS FOUNDA 7 Payee address; City; State; Zip Code	TION	*
6 Amount (\$)	7 Payee address; City; State; Zip Code		2017.
\$100	POBOX & DRIPPING SPA	INGS ITK	78620
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	CONTRIBUTION / TO	Check if travel o	outside of Texas. Complete Schedule T.
OF EXPENDITURE	SUPPORT THE ELISERLY	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
7/19/16	YORK CREEK VFD		
Amount (\$)	Payee address; City; State; Zip Code		200
\$50	SAN MARCOS, TX 78666		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTRIBUTION	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
8/12/16	Payee name HAYS COUNTY DEMOCRAT Payee address; City; State; Zip Code	IC PARTY	
Amount (\$)	Payee address; City; State; Zip Code		781.41
#100	125 N GUADALUPE ST., SA	N MARCOS, 7	× [5 a & 8
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTRIBUTION	. [utside of Texas. Complete Schedule T.
EXPENDITURE	CONTIGORITOR	Check if Austir	n, 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	SCHEDIJI E AS NEI	EDED.
	ATTACTIADDITIONAL COFIES OF THIS	COLIFF OF WE	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1: /3 4 Date 8/26/16	DAVID L PETERSON 5 Payee name	3 Filer ID (Ethics Commission Filers)
6 Amount (\$)	5AN MARCOS CHAMBER 7 Payee address; City; State; Zip Code 202 N CM ALLEN PKWY, S	AN MARCOS, TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 8/3/// Amount (\$) \$ 500.00	Payee name CALABOOSE MUSEUM Payee address; City; State; Zip Code 200 N MLK DR, SAN MA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/1/16 Amount (\$)	Payee name LULAC Payee address; City; State; Zip Code PO BOX 953, SAN MARC	05, Tx 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Total pages Schedule F	1: 2 FILER NAME	struction Guide explains				
13		L. PETERSO	~	3	Filer ID (Ethics (Commission Filer
9/21/16	5 Payee name					
Amount (\$)	7 Payee address;	City; State; Zip	Code AN MARCOS	Tx 7	8666	
	(a) Category (See Categ	ories listed at the top of this sch	edule) (b) Description	on		
PURPOSE OF EXPENDITURE		GOLF TOW			of Texas. Complete Sche	
	HOLE Spot	NSOR			amounder hving exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Office DH	eholder name	Office sou	ght	Of	ffice held
Date	Payee name					
9/21/16	Hup	SON MEAT City; State; Zip (· (0			
Amount (\$)	Pavee address:	City: State: Zin (2-1		,	or the state of th
	1800 CONGRE	568 AVE A	ode	07011		
1200	1800 CONGRE	SS AVE, AU	LATIN, TR 78	8704		
	1800 CONGRE	ries listed at the top of this sched	dule) Description	1		
PURPOSE OF	Category (See Category	ESS AVE, AU	dule) Description Check if to	n ravel outside of	Texas. Complete Schedu	
PURPOSE	Category (See Category CONTRIBUTIES FOR GOLF TO	ries listed at the top of this scheol ON FOODEXPE	dule) Description Check if to	n ravel outside of		
PURPOSE OF EXPENDITURE omplete ONLY if direct	Category (See Category CONTRIBUTION FOR GOLF TO SCRAMBLE Candidate / Office)	ries listed at the top of this sched ON FOODEXPERIENCE FORE KIDS	dule) Description Check if to	ravel outside of Austin, TX, o	Texas. Complete Schedu	ense
PURPOSE OF EXPENDITURE	Category (See Category CONTRIBUTION FOR GOLF TO SCRAMBLE Candidate / Office)	ries listed at the top of this sched ON FOODEXPERIENCE FORE KIDS	dule) Description Check if to	ravel outside of Austin, TX, o	Texas. Complete Schedu	
PURPOSE OF EXPENDITURE Domplete ONLY if direct to benefit C/Oi	Category (See Category CONTRIBUTION FOR GOLF TO SCRAMBLE Candidate / Office)	ries listed at the top of this sched ON FOODEXPERIENCE FORE KIDS	dule) Description Check if to	ravel outside of Austin, TX, o	Texas. Complete Schedu	ense
PURPOSE OF EXPENDITURE Disconnected ONLY if direct openditure to benefit C/Oi	Category (See Category CONTRIBUTION FOR GOLF TO SCRAMBLE A Candidate / Officer	ries listed at the top of this sched ON FOODEXPERIENCE FORE KIDS	dule) Description Check if to	ravel outside of Austin, TX, o	Texas. Complete Schedu	ense
PURPOSE OF EXPENDITURE omplete ONLY if direct conditure to benefit C/Oil	Category (See Category CONTRIBUTION FOR GOLF TO SCRAMBLE A Candidate / Officer	ries listed at the top of this sched ON FOODEXPERIENCE FORE KIDS	dule) Description Check if to Office sough	ravel outside of Austin, TX, o	Texas. Complete Schedu	ense
PURPOSE OF EXPENDITURE Disconnection of the control of the contro	Category (See Category CONTRIBUTIE FOR GOLF TO SCRAMBLE E Candidate / Officet H	ries listed at the top of this scheol ON FOODEXPERIES ON FOODEXPERIES ON FOREX FOR FOREX IDS holder name	dule) Description Check if to Office sough	ravel outside of Austin, TX, o	Texas. Complete Schedu	ense
PURPOSE OF EXPENDITURE Domplete ONLY if direct expenditure to benefit C/Oi ate mount (\$)	Category (See Category CONTRIBUTIES FOR GOLF TO SCRAMBLE FOR Candidate / Officer Payee name	ries listed at the top of this scheol ON FOODEXPERIES ON FOODEXPERIES ON FOREX FOR FOREX IDS holder name	dule) Description Check if to Check if to Office sough	ravel outside of Austin, TX, o	Texas. Complete Schedu	ense
PURPOSE OF EXPENDITURE complete ONLY if direct spenditure to benefit C/Orleate ate mount (\$) PURPOSE OF	Category (See Category CONTRIBUTIES FOR GOLF TO SCRAMBLE FOR Candidate / Officer Payee name	ries listed at the top of this sched ON FOODEXPERIMENTS FOR KIDS holder name City; State; Zip Ci	Description Check if tra Description Check if tra Check if tra Check if tra	n avel outside of Austin, TX, o	Texas. Complete Schedu	ice held
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OF EXPENDITURE omplete ONLY if direct expenditure to benefit C/Oi late mount (\$)	Category (See Categorical Control But 18 FOR GOLF TO SCRAMBLE Candidate / Officer H	ries listed at the top of this scheduler listed at the top of this	Description Check if tra Description Check if tra Check if tra Check if tra	n avel outside of Austin, TX, of the avel outside of Taustin, TX, off	Texas. Complete Schedu	ice held