

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:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR MR FIRST MI
DAVID **h**
NICKNAME LAST SUFFIX

PETERSON

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

**505 CANDLELIGHT LN
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 MR FIRST MI
JOSE **A**
NICKNAME LAST SUFFIX

LUCIO

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

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

**2706 DEES ST.
SAN MARCOS, TX 78666**

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 738 6613

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 Month Day Year

01 / 01 / 2019 THROUGH **06 / 30 / 2019**

11 ELECTION

ELECTION DATE

Month Day Year
03 / 03 / 2020

- ELECTION TYPE
- Primary Runoff Other Description
- General Special

12 OFFICE

OFFICE HELD (if any)

CONSTABLE Pct 1

13 OFFICE SOUGHT (if known)

SAME

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)

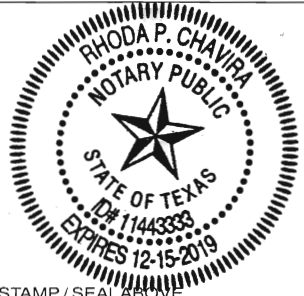
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 1021.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2671.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 132.75
	4. TOTAL POLITICAL EXPENDITURES	\$ 741.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1909.00
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 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David L. Peterson, this the 15th day of July, 20 19, to certify which, witness my hand and seal of office.

Rhoda P. Chavira Rhoda P. Chavira 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 <i>DAVID L. PETERSON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2371.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>300.00</i>
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	\$ <i>159.20</i>
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 checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>450.00</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>395.00</i>
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 2
2 FILER NAME DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERGIO GARCIA	7 Amount of contribution (\$) \$ 250.⁰⁰
6 Contributor address; City; State; Zip Code 12221 LABRADOR BAY CT. AUSTIN, TX 78737		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDEL BROS	Amount of contribution (\$) \$ 200.⁰⁰
Contributor address; City; State; Zip Code 1011 WILAND RD #2 SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY EARLS	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 505 CANDLELIGHT LANE SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLAS HOOVER	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 811 W. HOPKINS ST. SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

6/27/2019

5 Full name of contributor out-of-state PAC (ID#: _____)

AART AND MELISSA MILLECAM

6 Contributor address; City; State; Zip Code

111 W HOLLAND ST
SAN MARCOS, TX 78666

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/27/2019

Full name of contributor out-of-state PAC (ID#: _____)

CHARLES SIMS

Contributor address; City; State; Zip Code

304 OAKRIDGE DR.
SAN MARCOS, TX 78666

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/2019

Full name of contributor out-of-state PAC (ID#: _____)

RUBEN GARZA

Contributor address; City; State; Zip Code

148 GREENBRIER DR
KYLE, TX 78640

Amount of contribution (\$)

\$400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 1</i>	
2 FILER NAME <i>DAVID L. PETERSON</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0</i>	
5 Date <i>6/27/2019</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE DAWOUD</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>FOOD & BEVERAGES FOR MEET & GREET 6/27</i>
7 Contributor address; City; State; Zip Code <i>126 N LBJ DR, SAN MARCOS, TX 78666</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>OWNER</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 OF 1</i>	2 FILER NAME <i>DAVID L. PETERSON</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>6/26/2019</i>	5 Payee name <i>LASER SIGNS</i>	
6 Amount (\$) <i>\$159.20</i>	7 Payee address; City; State; Zip Code <i>1109^S MAIN ST LOCKHART, TX 78666</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>AD / PRINTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>SIGNS, CARDS, BUMPER STICKER</i>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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
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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	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
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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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1 OF 1</i>	2 FILER NAME <i>DAVID L. PETERSON</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/20/2019</i>	5 Business name <i>4 MOOSE'S BBQ</i>
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6 Amount (\$) <i>\$450.00</i>	7 Business address; City; State; Zip Code <i>P.O. Box 447 SAN MARCOS, TX 78666</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>FOOD FOR FUNDRAISER</i>
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9 Complete ONLY if direct expenditure to benefit C/OH*	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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
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Complete ONLY 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1081	DAVID L. PETERSON	
4 Date	5 Payee name	
11/25/2019	LEAGUE OF WOMEN VOTERS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$40.00	PO BOX 1034 SAN MARCOS, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
	CONTRIBUTION TO FUNDRAISER BY OFFICEHOLDER	
Date	Payee name	
3/12/2019	CENTRO CULTURAL HISPANO	
Amount (\$)	Payee address; City; State; Zip Code	
\$150	211 LEE ST SAN MARCOS, TX 78666	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	TABLE SPONSOR FOR FUNDRAISER CONTRIBUTION	
Date	Payee name	
3/25/2019	TRAVIS ELEMENTARY SCHOOL	
Amount (\$)	Payee address; City; State; Zip Code	
\$105	1437 POST RD SAN MARCOS, TX 78666	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	SCHOOL SPONSOR CONTRIBUTION BY OFFICEHOLDER	
Date	Payee name	
5/29/2019	MUSEUM LBJ MUSEUMS JR	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	131 N. GUADALUPE SAN MARCOS, TX 78666	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	GOLF TOURNEY SPONSOR CONTRIBUTION	

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