

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed. <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <b>DAVID</b>	MI <b>L</b>
	NICKNAME	LAST <b>PETERSON</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>505 CANDLELIGHT LN SAN MARCOS, TX 78666</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>738-2583</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <b>JOSE</b>	MI <b>A.</b>
	NICKNAME	LAST <b>LUCID</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>2706 DEES ST. SAN MARCOS, TX 78666</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>738-6613</b>	EXTENSION
<b>Received JAN 15 2020 Elections Office</b>			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>07 / 01 / 2019</b> THROUGH    Month Day Year <b>12 / 31 / 2019</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 03 / 2020</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>HAYS Co CONSTABLE PCT 1</b>		13 OFFICE SOUGHT (if known) <b>HAYS Co. CONSTABLE PCT 1</b>
<b>GO TO PAGE 2</b>			

# 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  
☐ GENERAL  
☐ SPECIFIC

COMMITTEE NAME

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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 617.00

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

\$ 7827.00

EXPENDITURE  
TOTALS

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

\$ 1144.21

4. TOTAL POLITICAL EXPENDITURES

\$ 3432.94

CONTRIBUTION  
BALANCE

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

\$ 5836.62

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 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.

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David L. Peterson, this the 15 day of January, 2020, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Rhoda P Chavira

Printed name of officer administering oath

Notary

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>7210.00</i>
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	\$ <i>1903.73</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 type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>385.00</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:

1078

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

RICHARD M. URSHA

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

1921 Corporate Dr STE 102

SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/26/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DAVID H. MORRIS

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

1921 Corporate Dr STE 102

SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DEL PRADO DIETZ PLLC

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

323 W Hopkins SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

A. COLE LEINNEWEBER

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

1105 Quail Run, 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: 2 of 8
2 FILER NAME DAVID L. PETERSON		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHERRI & CHRISTIAN BENN 6 Contributor address; City; State; Zip Code 2109 ALTON LOOP, SAN MARCOS, TX 78666	7 Amount of contribution (\$) \$ 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE POWELL Contributor address; City; State; Zip Code 2214 HUNTER RD. SAN MARCOS, TX 78666	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MENDEZ BROS BAIL BONDS Contributor address; City; State; Zip Code 1011 WHLAND RD, EAST #2, SAN MARCOS, TX 78666	Amount of contribution (\$) \$ 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CTA INVESTMENTS Contributor address; City; State; Zip Code P.O. Box 1048, SAN MARCOS, TX 78666	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:  
3 of 8

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

TRIM WILLIAMSON

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City;

State;

Zip Code

P.O. Box 673, SAN MARCOS, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

W.C. CARSON

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

P.O. Box 666, SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

CHRIS & KATHERINE CARSON

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

150 WHITEWATER, WIMBERLEY, TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

WALKER TEXAS PROPERTIES

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

I-35 (2575) #103, 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  
4 of 8

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

MICHAEL & JULIA NEFFMAN

6 Contributor address:

City:

State:

Zip Code

2232 GARDEN CT. SAN MARCOS, TX 78666

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

WILLIAM & LINDA DENNINGTON

Contributor address:

City:

State:

Zip Code

P.O. BOX 2459, SAN MARCOS, TX 78666

Amount of contribution (\$)

\$60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ALBERT OR BECKY SIERRA

Contributor address:

City:

State:

Zip Code

112 KINGS COVE, SAN MARCOS, TX 78666

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

WILLIAM ROSS KING

Contributor address:

City:

State:

Zip Code

400 DEERTRAIL DR, 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:  
5 of 8

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LIZBETH J. DOBBINS

6 Contributor address;

City;

State;

Zip Code

P.O. Box 1254, SAN MARCOS, TX 78666

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DWAYNE & MARSHA THOMASON

Contributor address;

City;

State;

Zip Code

2429 SUMMIT RIDGE DR., SAN MARCOS, TX 78666

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JOHN THOMASIDES

Contributor address;

City;

State;

Zip Code

913 ARIZONA ST., SAN MARCOS, TX 78666

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

THOMAS & DEBORAH CONLEY

Contributor address;

City;

State;

Zip Code

914 TATE TRI, 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:

6 of 8

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/08/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

FIRST STEP

6 Contributor address;

City;

State;

Zip Code

4003 HUNTER RD, SAN MARCOS, TX 78666

7 Amount of contribution (\$)

\$ 100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/08/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

CHARLES SOECHTING

Contributor address;

City;

State;

Zip Code

3331 RR 12, STE 107, SAN MARCOS, TX

Amount of contribution (\$)

\$ 500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DICK SCOTT

Contributor address;

City;

State;

Zip Code

11030 MT SHARP RD, WIMBERLEY, TX 78676

Amount of contribution (\$)

\$ 1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SERGIO GARCIA

Contributor address;

City;

State;

Zip Code

9852 BIG VIEW DR, AUSTIN, TX 78730

Amount of contribution (\$)

\$ 250

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:

7 of 8

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL R. DAVIS

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

2420 SUMMIT RIDGE DR. SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/19

Full name of contributor

☐ out-of-state PAC (ID#)

MELISSA A. DONALDSON

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

129 BOGIE DR. SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/21/19

Full name of contributor

☐ out-of-state PAC (ID#)

ERNE VALDEZ

Amount of contribution (\$)

\$ 150.00

Contributor address;

City;

State;

Zip Code

1311 MADRID TRACE, SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/19

Full name of contributor

☐ out-of-state PAC (ID#)

MYRA A. & PAUL J WESTOVER

Amount of contribution (\$)

\$ 200

Contributor address;

City;

State;

Zip Code

735 W. HOPKINS, 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:

8 of 8

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

12/20/19

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

CRAIG Mc BROUSSARD

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State;

Zip Code

514 RIVER HILLS DR. SAN MARCOS, TX

78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/30/19

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SCOTT GREGSON

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

120 W. HOPKINS ST., STE 200 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 9/27/19	5 Payee name ROBERT ESPINOSA	
6 Amount (\$) 242.00	7 Payee address; SAN MARCOS TX	City; State; Zip Code SAN MARCOS TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description T-SHIRTS for Campaign WORKERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/19	Payee name JASON CHAVIRA	
Amount (\$) 100.00	Payee address; 1502 MEDINA ST APT B LOCKHART TX	City; State; Zip Code LOCKHART TX 78644
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VIDEO TAPING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/9/19	Payee name HAYS COUNTY DEMOCRATIC PARTY	
Amount (\$) 375.00	Payee address; 215 W SAN ANTONIO ST SAN MARCOS TX	City; State; Zip Code SAN MARCOS TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CANDIDATE FILING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# 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: <b>2 of 3</b>		2 FILER NAME <b>DAVID L. PETERSON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/14/19</b>		5 Payee name <b>AUSTIN SUPER CHEAP SIGNS</b>			
6 Amount (\$) <b>803.76</b>		7 Payee address; City: State: Zip Code <b>9200 WATERFORD CENTRE BLVD AUSTIN, TX 78758</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>CAMPAIGN SIGNS</b>		
	(c) <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					
Date <b>12/16/19</b>		Payee name <b>AUSTIN SUPER CHEAP SIGNS</b>			
Amount (\$) <b>262.97</b>		Payee address; City: State: Zip Code <b>9200 WATERFORD CENTRE BLVD AUSTIN TX 78758</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>CAMPAIGN SIGNS</b>		
	<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					
Date <b>12/16/19</b>		Payee name <b>MURPHY EXPRESS</b>			
Amount (\$) <b>30.00</b>		Payee address; City: State: Zip Code <b>1201 Hwy 80 SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>GASOLINE EXPENSE for POSTING SIGNS &amp; LITERATURE</b>		
	<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					
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: <b>3 of 3</b>		2 FILER NAME <b>DAVID L. PETERSON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/23/19</b>		5 Payee name <b>MURPHY EXPRESS</b>			
6 Amount (\$) <b>30.00</b>		7 Payee address; City; State; Zip Code <b>1201 Hwy 80, SAN MARCOS, TX 78666</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OTHER</b>		(b) Description <b>GASOLINE EXPENSE FOR POSTING SIGNS &amp; LITERATURE</b>		
	(c) <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 <b>12/27/19</b>		Payee name <b>MURPHY EXPRESS</b>			
Amount (\$) <b>30.00</b>		Payee address; City; State; Zip Code <b>1201 Hwy 80 SAN MARCOS TX 78666</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>GASOLINE EXPENSE FOR POSTING SIGNS &amp; LITERATURE</b>		
	<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 <b>12/31/19</b>		Payee name <b>MURPHY EXPRESS</b>			
Amount (\$) <b>30.00</b>		Payee address; City; State; Zip Code <b>1201 Hwy 80 SAN MARCOS TX 78666</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>GASOLINE EXPENSE FOR POSTING SIGNS &amp; LITERATURE</b>		
	<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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>1 of 1</b>		2 FILER NAME <b>DAVID L. PETERSON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/24/19</b>		5 Payee name <b>SAN MARCOS KiWANIS CLUB</b>			
6 Amount (\$) <b>150.00</b>		7 Payee address; <b>PO Box 1390</b>		City <b>SAN MARCOS</b>	State <b>TX</b>
				Zip Code <b>78666</b>	
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) <b>EVENT EXPENSE</b>		(b) Description (See instructions regarding type of information required.) <b>Contribution for fundraiser CANCER RUN</b>	
Date <b>12/13/19</b>		Payee name <b>HUDSON MEAT CO.</b>			
Amount (\$) <b>135.00</b>		Payee address; <b>1800 CONGRESS AVE S</b>		City <b>AUSTIN</b>	State <b>TX</b>
				Zip Code <b>78704</b>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>EVENT EXPENSE</b>		Description (See instructions regarding type of information required.) <b>FOOD FOR TOY DR.</b>	
Date <b>12/1/19</b>		Payee name <b>SAN MARCOS COMMUNITY CHURCH</b>			
Amount (\$) <b>100.00</b>		Payee address; <b>3461 S OLD BASTROP HWY</b>		City <b>SAN MARCOS</b>	State <b>TX</b>
				Zip Code <b>78666</b>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION</b>		Description (See instructions regarding type of information required.) <b>DONATION TO CHURCH</b>	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED