

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST DAVID	MI L.
	NICKNAME	LAST PETERSON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	505 CANDLELIGHT LN SAN MARCOS, TX 78666		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	738-7773	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST JOSE	MI A.
	NICKNAME	LAST LUCIO	SUFFIX
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	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	09	25	2020
THROUGH		Month	Day
THROUGH		10	24
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 03 / 2020		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	HAYS COUNTY CONSTABLE PCT 1		HAYS COUNTY CONSTABLE PCT 1

OFFICE USE ONLY

Date Received


Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 700.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 1305.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4050.61
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 TO THIS PAGE 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 27th day of October, 2020, to certify which, witness my hand and seal of office.

[Handwritten 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>700.⁰⁰</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>605,34</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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/20

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

JIMMIE & JANET SCOTT

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

2236 GARDEN CT., SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/20

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

MITCHELL & JULIA HOFFMAN

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2232 GARDEN CT, SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/20

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

SHANE FRASER

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

2813 CROSS RD, SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/9

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

SERGIO GARCIA

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

9852 BIG-VIEW DR, AUSTIN, TX 78730

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 FILER NAME

DAVID L. PETERSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/20

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

BEN L. GONZALES

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

161 PARK DR, SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>DAVID L. PETERSON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/2/20</i>	5 Payee name <i>BRITTANY BURLESON</i>			
6 Amount (\$) <i>\$100.00</i>	7 Payee address;	City	State	Zip Code
	<i>1211 MOUNTAIN VIEW,</i>	<i>SAN MARCOS,</i>	<i>TX</i>	<i>78666</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>ADVERTISING</i>		(b) Description (See instructions regarding type of information required.) <i>MAIL OUTS</i>	
Date <i>10/12/20</i>	Payee name <i>FEDEX SAN MARCOS</i>			
Amount (\$) <i>\$155.34</i>	Payee address;	City	State	Zip Code
	<i>301 N. EDWARD GARY,</i>	<i>SAN MARCOS,</i>	<i>TX</i>	<i>78666</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>ADVERTISING</i>		Description (See instructions regarding type of information required.) <i>PUBHCARDS</i>	
Date <i>10/13/20</i>	Payee name <i>SAN MARCOS DAILY RECORD</i>			
Amount (\$) <i>\$250.00</i>	Payee address;	City	State	Zip Code
	<i>1910 IH355,</i>	<i>SAN MARCOS,</i>	<i>TX</i>	<i>78666</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>ADVERTISING</i>		Description (See instructions regarding type of information required.) <i>AD</i>	
Date <i>10/14/20</i>	Payee name <i>BRITTANY BURLESON</i>			
Amount (\$) <i>\$100.00</i>	Payee address;	City	State	Zip Code
	<i>1211 MOUNTAIN VIEW DR.</i>	<i>SAN MARCOS,</i>	<i>TX</i>	<i>78666</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>ADVERTISING</i>		Description (See instructions regarding type of information required.) <i>MAIL OUTS</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED