

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: 19															
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">MS / MRS / MR</td> <td style="width: 40%; font-size: small;">FIRST</td> <td style="width: 20%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>David</td> <td>J.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td>Dave</td> <td>Graham</td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI	Mr.	David	J.	NICKNAME	LAST	SUFFIX	Dave	Graham		OFFICE USE ONLY Date Received <div style="font-size: 1.2em; color: blue;">Received</div> <div style="font-size: 1.2em; color: blue;">JAN 13 2020</div> <div style="font-size: 1.2em; color: blue;">Elections Office</div> Date Hand-delivered or Date Postmarked			
	MS / MRS / MR	FIRST	MI																
Mr.	David	J.																	
NICKNAME	LAST	SUFFIX																	
Dave	Graham																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width: 20%; font-size: small;">APT / SUITE #;</td> <td style="width: 20%; font-size: small;">CITY;</td> <td style="width: 20%; font-size: small;">STATE;</td> <td style="width: 20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">187 Senna Dr. Dripping Springs, TX 78620</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	187 Senna Dr. Dripping Springs, TX 78620											
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187 Senna Dr. Dripping Springs, TX 78620																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">AREA CODE</td> <td style="width: 40%; font-size: small;">PHONE NUMBER</td> <td style="width: 40%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>601-6816</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(214)	601-6816		Date Hand-delivered or Date Postmarked									
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	MS / MRS / MR	FIRST	MI																
Mrs.	Alicia	M.																	
NICKNAME	LAST	SUFFIX																	
	Hamilton																		
6 CAMPAIGN TREASURER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 20%; font-size: small;">APT / SUITE #;</td> <td style="width: 20%; font-size: small;">CITY;</td> <td style="width: 20%; font-size: small;">STATE;</td> <td style="width: 20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">178 Augusta Dr. Wimberley, TX 78676</td> </tr> </table> (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	178 Augusta Dr. Wimberley, TX 78676					Amount \$					
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	MS / MRS / MR	FIRST	MI																
Mrs.	Alicia	M.																	
NICKNAME	LAST	SUFFIX																	
	Hamilton																		
9 REPORT TYPE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input checked="" type="checkbox"/> January 15</td> <td style="width: 20%;"><input type="checkbox"/> 30th day before election</td> <td style="width: 20%;"><input type="checkbox"/> Runoff</td> <td style="width: 20%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<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)						
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10 PERIOD COVERED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">Month</td> <td style="width: 10%; font-size: small;">Day</td> <td style="width: 10%; font-size: small;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%; font-size: small;">Month</td> <td style="width: 10%; font-size: small;">Day</td> <td style="width: 10%; font-size: small;">Year</td> </tr> <tr> <td>07</td> <td>16</td> <td>2019</td> <td style="text-align: center;">THROUGH</td> <td>12</td> <td>31</td> <td>2019</td> </tr> </table>					Month	Day	Year		Month	Day	Year	07	16	2019	THROUGH	12	31	2019
	Month	Day	Year		Month	Day	Year												
07	16	2019	THROUGH	12	31	2019													
11 ELECTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: small;">ELECTION DATE</td> <td style="width: 70%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month Day Year</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>03 / 03 / 2020</td> <td></td> </tr> </table>					ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	03 / 03 / 2020									
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12 OFFICE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; font-size: small;">OFFICE HELD (if any)</td> <td style="width: 50%; font-size: small;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td style="text-align: center;">Sheriff</td> </tr> </table>					OFFICE HELD (if any)	OFFICE SOUGHT (if known)		Sheriff										
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	Sheriff																		
GO TO PAGE 2																			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

David J. Graham

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

☐ GENERAL

☐ 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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0.00

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

\$ 3,624.32

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4,266.80

CONTRIBUTION
BALANCE

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

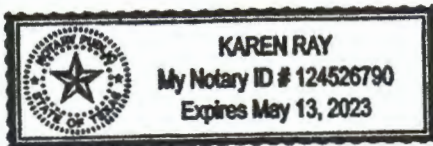
\$ 2,903.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

18 AFFIDAVIT



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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David J. Graham, this the 8th day of January, 20 20, to certify which, witness my hand and seal of office.

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**

David J. Graham

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,903.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 721.32
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	\$ 4,228.95
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 37.85
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 100.31

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6****2** FILER NAME

David J. Graham

3 Filer ID (Ethics Commission Filers)**4** Date

8-2-19

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

Rich Pusateri

7 Amount of contribution (\$)

\$2.00

6 Contributor address; City; State; Zip Code

112 S. Sage Holw Dripping Springs TX 78620

8 Principal occupation / Job title (See Instructions)

Partner

9 Employer (See Instructions)

Conrad Labs

Date

8-3-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bradley Graham

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

3226 Parkside Circle N.E. Tacoma WA 98422

Principal occupation / Job title (See Instructions)

Investigator

Employer (See Instructions)

Office of the Attorney General

Date

8-3-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Donald Kelly

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

167 South Sage Holw Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Ace Hardware

Date

8-3-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anthony Crawford

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1975 Murifield Ave Rockwall TX 75087

Principal occupation / Job title (See Instructions)

Retired

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****2** FILER NAME

David J. Graham

3 Filer ID (Ethics Commission Filers)**4** Date

8-3-19

5 Full name of contributor

Jimmy Zuehlke

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City;

State;

Zip Code

195 Roger Hanks Pkwy Dripping Springs TX 78620

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Deputy Constable

9 Employer (See Instructions)

Hays County

Date

8-5-19

Full name of contributor

William Nowlin

☐ out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1134 Morning Star Rockwall TX 75087

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-6-19

Full name of contributor

Blake Weaver

☐ out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1845 Woodall Rodgers Freeway Ste 1275 Dallas TX 75201

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Reserve Police Officer

Employer (See Instructions)

Dallas Police Department

Date

8-20-19

Full name of contributor

Daniel B. Robison

☐ out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

295 Abbott Dr. Austin TX 78737

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Retired

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****2** FILER NAME**David J. Graham****3** Filer ID (Ethics Commission Filers)**4** Date**9-4-19****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**Charles Williams****7** Amount of contribution (\$)**\$200.00****6** Contributor address;

City; State; Zip Code

17 Memory Lane Wimberley TX 78676**8** Principal occupation / Job title (See Instructions)**Deputy Constable****9** Employer (See Instructions)**Hays County**

Date

9-19-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Mark Graves**

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2807 Arroyo Doble San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-19-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Angelo Floiran**

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-20-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Theodore Coker**

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

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****2** FILER NAME**David J. Graham****3** Filer ID (Ethics Commission Filers)**4** Date**10-14-19****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**Rich Pusateri****7** Amount of contribution (\$)**\$1.00****6** Contributor address;

City; State; Zip Code

112 S Sage Hollow Dripping Springs TX 78620**8** Principal occupation / Job title (See Instructions)**Partner****9** Employer (See Instructions)**Conrad Labs**

Date

10-28-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Ernest Ferro**

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

231 Jenn Cv Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10-29-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)**John Eaton**

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

273 Wellington Dr Austin TX 78737

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10-30-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)**John Pacheco**

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

185 Barton Creek Circle Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Editor

Employer (See Instructions)

San Marcos Publishing**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****2** FILER NAME**David J. Graham****3** Filer ID (Ethics Commission Filers)**4** Date**11-1-19****5** Full name of contributor**Kathie Hood**☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)**\$200.00****6** Contributor address;

City; State; Zip Code

750 Dawn View Dripping Springs TX 78620**8** Principal occupation / Job title (See Instructions)**MRI Tech****9** Employer (See Instructions)**Baylor, Scott & White**

Date

11-6-19

Full name of contributor

Edward Van Winkle☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

20258 Northwest 62 Ave Alachua FL 32615

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11-21-19

Full name of contributor

Carey Kim Holtzendorf☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1300 Springlake Dr Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12-23-19

Full name of contributor

Ernest Ferro☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$600.00

Contributor address;

City; State; Zip Code

231 Jenn Cv Dripping Springs TX 78620

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

The Recreational Group**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****2** FILER NAME**David J. Graham****3** Filer ID (Ethics Commission Filers)**4** Date**12-27-19****5** Full name of contributor**Timothy McIntyre**☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)**\$50.00****6** Contributor address;

City; State; Zip Code

223 Senna Dr Dripping Springs TX 78620**8** Principal occupation / Job title (See Instructions)**Sales****9** Employer (See Instructions)**The Recreational Group**

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

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: 2	
2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 8-2-19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich Pusateri 7 Contributor address; City; State; Zip Code 112 S Sage Holw Dripping Springs TX 78620	8 Amount of Contribution \$ \$300.00	9 In-kind contribution description Website Development <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Partner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Conrad Labs	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Robison Contributor address; City; State; Zip Code 295 Abbott Dr Austin TX 78737	Amount of Contribution \$ \$225.32	In-kind contribution description Event Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		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)			
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:	
2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11-21-19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Mathis 7 Contributor address; City; State; Zip Code PO Box 898 Dripping Springs TX 78620	8 Amount of Contribution \$ \$96.00	9 In-kind contribution description Campaign T-shirts <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Act 3 Screenprinting	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11-24-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Lagusis Contributor address; City; State; Zip Code 175 Senna Dr Dripping Springs TX 78620	Amount of Contribution \$ \$100.00	In-kind contribution description Event Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Project Manager		Employer (FOR NON-JUDICIAL) (See Instructions) Walter P. Moore & Associates	
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)			
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:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 8-4-19		5 Payee name Hays County Republican Party			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code PO Box 1928 San Marcos TX 78667			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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 8-5-19		Payee name USPS			
Amount (\$) \$44.00		Payee address; City; State; Zip Code 1450 W Highway 290 Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising		Description <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 8-5-19		Payee name National Name Badge			
Amount (\$) \$31.60		Payee address; City; State; Zip Code Pittsburg Pennsylvania			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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	

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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:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 8-5-19		5 Payee name Vistaprint			
6 Amount (\$) \$114.76		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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 8-21-19		Payee name Vistaprint			
Amount (\$) \$321.48		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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 8-26-19		Payee name Vistaprint			
Amount (\$) \$128.06		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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	

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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:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 10-21-19		5 Payee name Facebook			
6 Amount (\$) \$11.41		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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 10-25-19		Payee name Dripping Springs Lions Club			
Amount (\$) \$100.00		Payee address; City; State; Zip Code PO Box 53 Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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 11-8-19		Payee name Super Cheap Signs			
Amount (\$) \$1,016.47		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Ste 100 Austin TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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	

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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:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 11-15-19		5 Payee name Hays County Republican Party			
6 Amount (\$) \$750.00		7 Payee address; City; State; Zip Code 900 Bugg Ln #111 san Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description <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 11-22-19		Payee name Act 3 Screenprinting			
Amount (\$) \$357.23		Payee address; City; State; Zip Code PO Box 898 Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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 12-4-19		Payee name Super Cheap Signs			
Amount (\$) \$390.37		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Ste 100 Austin TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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

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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:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 12-26-19		5 Payee name Super Cheap Signs			
6 Amount (\$) \$663.57		7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Ste 100 Austin TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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	
Date 12-28-19		Payee name Naomi Narvaiz			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 284 Cordero Drive San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 8-31-19		5 Payee name Google LLC			
6 Amount (\$) \$6.37 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website	
		(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 9-30-19		Payee name Google LLC			
Amount (\$) \$6.37 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Website	
		<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 10-31-19		Payee name Google LLC			
Amount (\$) \$6.37 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Website	
		<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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME David J. Graham		3 Filer ID (Ethics Commission Filers)	
4 Date 11-30-19		5 Payee name Google LLC			
6 Amount (\$) \$6.37 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website		
	<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 12-19-19		Payee name Chick-Fil-A			
Amount (\$) \$6.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 165 Hargraves Ln Ste L Austin TX 78737			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Lunch		
	<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 12-31-19		Payee name Google LLC			
Amount (\$) \$6.37 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website		
	<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					

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**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1****2** FILER NAME

David J. Graham

3 Filer ID (Ethics Commission Filers)**4** Date

8-5-19

5 Name of person from whom amount is received

Paypal

8 Amount (\$)

\$0.31

6 Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Deposit

☐ Check if political contribution returned to filer

Date

10-19-19

Name of person from whom amount is received

Mark Graves

Amount (\$)

\$50.00

Address of person from whom amount is received; City; State; Zip Code

2807 Arroyo Doble San Marcos TX 78666

Purpose for which amount is received

Returned Contribution

☐ Check if political contribution returned to filer

Date

10-19-19

Name of person from whom amount is received

Angelo Floiran

Amount (\$)

\$50.00

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Returned Contribution

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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