

# 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: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/>Mr.</div> <div>FIRST<br/>John</div> <div>MI<br/>W.</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/>Burns</div> <div>SUFFIX</div> </div>  | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/> Date Received <b>RECEIVED</b><br/> <b>FEB 05 2018</b><br/> <b>ELECTION OFFICE</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div>      |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> 1704 Grassy Field Road, Austin, TX 78737  |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/>( 512 )</div> <div>PHONE NUMBER<br/>615-1244</div> <div>EXTENSION</div> </div>  |  |                      |
| 6 CAMPAIGN TREASURER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/>Mr.</div> <div>FIRST<br/>Stephen</div> <div>MI<br/>A.</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME<br/>Steve</div> <div>LAST<br/>Meyer</div> <div>SUFFIX<br/>Sr.</div> </div>   | <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged </div> |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> 143 Yucca Cove, Austin, TX 78737   |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/>( )</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>   |  |                      |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |  |                      |
| 10 PERIOD COVERED  | <div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year<br/> 01   /   01   /   2018 </div> <div>THROUGH</div> <div> Month    Day    Year<br/> 1   /   25   /   2018 </div> </div>   |  |                      |
| 11 ELECTION  | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month    Day    Year<br/> 03   /   06   /   2018 </div> <div> ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>   |  |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><br>Justice of the Peace, Hays Co., Precinct 4  |                      |

GO TO PAGE 2

*emailed*

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
John W. Burns

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), UNLESS ITEMIZED \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$14491.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$14516.70

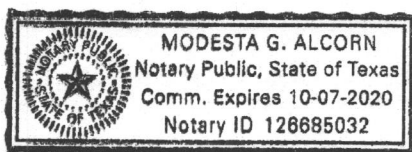
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD ~~\$10,000~~ \$0

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.

*John W. Burns*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John W. Burns, this the 5<sup>th</sup> day of February, 20 18, to certify which, witness my hand and seal of office.

*Modesta G. Alcorn* Modesta G. Alcorn  
Signature of officer administering oath 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**  
John W. Burns**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS**  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

|     |                                     |  |              |
|-----|-------------------------------------|--|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1775.00   |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0         |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0         |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS  | \$ 10,000.00 |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 4525.97   |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0         |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0         |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 187.33    |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0         |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0         |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0         |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0         |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME John W. Burns

3 Filer ID (Ethics Commission Filers)

4 Date  
1/1/18

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Paul G. Smith

7 Amount of contribution (\$)  
100.00

6 Contributor address; City; State; Zip Code  
443 Stark Lane, Manchester, NH 03102-8976

8 Principal occupation / Job title (See Instructions)  
Air Traffic Controller

9 Employer (See Instructions)  
FAA- Boston ARTCC

Date  
1/6/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Paul Zellerbach

Amount of contribution (\$)  
50.00

Contributor address; City; State; Zip Code  
7566 Navigator Circle, Carlsbad, CA 92011

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
1/4/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Robert Bozelli

Amount of contribution (\$)  
100.00

State; Zip Code  
1581 Grassy Field Road, Austin TX 78737

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Bozelli Law Office

Date  
1/13/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Patrick Reznick

Amount of contribution (\$)  
1000.00

Contributor address; City; State; Zip Code  
117 Hillside Dr., Dripping Springs, TX 78620

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Braun & Gresham, LLC

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

2 FILER NAME John W. Burns

3 Filer ID (Ethics Commission Filers)

4 Date  
1/17/18

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Alfred

7 Amount of contribution (\$)  
100.00

6 Contributor address; City; State; Zip Code  
7220 Trade Street, Ste. 104, San Diego, CA 92121

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
The Law Office of Michael A. Alfred

Date  
1/5/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
John Warren

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1548 Grassy Field Road, Austin, TX 78737

25.00

Principal occupation / Job title (See Instructions)  
engineer

Employer (See Instructions)

Date  
1/12/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kelli Powell

Amount of contribution (\$)

State; Zip Code

350.00

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

Date

1/17/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Pat Paul

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
310 Springwood Road, Dripping Springs 78620

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.

**LOANS****SCHEDULE E**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule E: 1  |
| <b>2</b> FILER NAME John W. Burns  |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |   | \$  |
| <b>5</b> Date of loan<br>11/24/17  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>John W. Burns | <b>9</b> Loan Amount (\$)<br>\$10,000.00  |
| <b>6</b> Is lender a financial Institution?<br><br>No  | <b>8</b> Lender address; City; State; Zip Code<br>1704 Grassy Field Road, Austin, TX 78737      | <b>10</b> Interest rate<br>0%   |
|  |   | <b>11</b> Maturity date<br>repay incrementally when funds allow   |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Attorney  |   | <b>13</b> Employer (See Instructions)<br>Law Offices of John Burns, PLLC  |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> none  |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable  | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)  |
|  | <b>18</b> Guarantor address; City; State; Zip Code  |   |
| <b>20</b> Principal Occupation (See Instructions)  |   | <b>21</b> Employer (See Instructions)   |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                           | Loan Amount (\$)  |
| Is lender a financial Institution?<br><br>Y N  | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none   |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>                      |
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable  | Name of guarantor   | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code  |   |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If lender 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.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>1                              |  | <b>2</b> FILER NAME John W. Burns   |  | <b>3</b> Filer ID (Ethics Commission Filers)   |  |
| <b>4</b> Date<br>1/11/18  |  | <b>5</b> Payee name<br>John Burns   |  |  |  |
| <b>6</b> Amount (\$)<br>200.00                                      |  | <b>7</b> Payee address; City; State; Zip Code<br>1704 Grassy Field Road, Austin TX 78737                    |  |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Loan Repayment/Reimbursement |  | <b>(b)</b> Description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>reimbursement for musician cost for event 11/15/17 |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date<br>1/22/17   |  | Payee name<br>DSUMC Wild Game Dinner  |  |  |  |
| Amount (\$)<br>\$1500.00  |  | Payee address; City; State; Zip Code<br>Ranch Road 12, Dripping Springs, TX 78620                           |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><br>Political Advertising                   |  | Description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>event sponsorship   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date<br>1/12/18   |  | Payee name<br>A & E Signs   |  |  |  |
| Amount (\$)<br>\$1916.03  |  | Payee address; City; State; Zip Code<br>1030 West Goforth Rd., Buda, TX 78610                               |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><br>Political Advertising                   |  | Description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>political signs   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |  |   |  |  |  |

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>1</b> Total pages Schedule F4:<br>2                               |  | <b>2</b> FILER NAME<br>John W. Burns  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |  |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  |   |  | \$   |  |
| <b>5</b> Date<br>1/12/18   |  | <b>6</b> Payee name<br>Home Depot   |  |  |  |
| <b>7</b> Amount (\$)<br>\$22.61                                      |  | <b>8</b> Payee address; City; State; Zip Code<br>260 East Highway 290, Dripping Springs, TX 78620 |  |  |  |
| <b>9</b> TYPE OF EXPENDITURE   |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political              |  |  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Political Advertising  |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Advertising Materials- items to hang signs |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |  |  |  |
| Date<br>1/25/18  |  | Payee name<br>Office Depot  |  |  |  |
| Amount (\$)<br>\$152.36  |  | Payee address; City; State; Zip Code<br>5300 MOPAC EXPY S #101, Austin, TX 78749                  |  |  |  |
| TYPE OF EXPENDITURE  |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political              |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br>Political Advertising             |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Advertising Materials                                 |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           |  |   |  |  |  |
| Candidate / Officeholder name  |  | Office sought   |  | Office held  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>           |  |   |  |  |  |



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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.

|  |  |  |                               |               |             |
|--|--|--|-------------------------------|---------------|-------------|
| <b>1</b> Total pages Schedule F4:  | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |                               |               |             |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$   |                               |               |             |
| <b>5</b> Date<br>1/15/18   | <b>6</b> Payee name<br>Home Depot  |  |                               |               |             |
| <b>7</b> Amount (\$)<br>\$12.36  | <b>8</b> Payee address; City; State; Zip Code<br>260 East Highway 290, Dripping Springs, TX 78620    |  |                               |               |             |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="checked" type="checkbox"/> Political <input type="checkbox"/> Non-Political          |  |                               |               |             |
| <b>10</b> PURPOSE OF EXPENDITURE   | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><br>Political Advertising | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>political advertising- materials to hang signs |                               |               |             |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table> |  |  | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name  | Office sought  | Office held  |                               |               |             |
| Date   | Payee name   |  |                               |               |             |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |                               |               |             |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                            |  |                               |               |             |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense  |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>           |  |  | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name  | Office sought  | Office held  |                               |               |             |
|  |  |  |                               |               |             |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |                               |               |             |