

# 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) <div style="text-align: center; font-size: 1.2em;">N/A</div>	2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">28</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="display: flex; justify-content: space-between; font-size: 1.1em;"> <span>MR.</span> <span>LOU</span> <span>A.</span> </div>		<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em;">JAN 16 2018</div> <div style="font-size: 1.5em; font-weight: bold;">ELECTION OFFICE</div> <div style="font-size: 2em; font-weight: bold; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">JS</div>
	NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.1em;">SHELL</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.1em;">1908 W. McCARTY LN SAN MARCOS TX 78666</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.1em;">(512) 644 0848</div>		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="display: flex; justify-content: space-between; font-size: 1.1em;"> <span>MRS.</span> <span>JENNIFER</span> <span>G.</span> </div>		Receipt #      Amount \$
	NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.1em;">SHELL</div>		Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.1em;">1908 W. McCARTY LN SAN MARCOS TX 78666</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.1em;">(512) 787 4090</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input 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  <div style="font-size: 1.2em;">10 / 16 / 17</div> </div> <div>THROUGH</div> <div>                     Month    Day    Year  <div style="font-size: 1.2em;">12 / 31 / 17</div> </div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">                     ELECTION DATE                      Month    Day    Year  <div style="font-size: 1.2em;">3 / 6 / 18</div> </div> <div style="flex: 1;">                     ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special                 </div> </div>		
12 OFFICE	<div style="display: flex;"> <div style="flex: 1;">                     OFFICE HELD (if any)  <div style="font-size: 1.1em;">HAYS COUNTY PCT 3 COMMISSIONER</div> </div> <div style="flex: 1;">                     13 OFFICE SOUGHT (if known)  <div style="font-size: 1.1em;">HAYS COUNTY PCT 3 COMMISSIONER</div> </div> </div>		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Lon A. Shell

15 Filer ID (Ethics Commission Filers)

N/A

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

\$ 1050.00

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

\$ 23100.00

EXPENDITURE  
TOTALS

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

\$ 184.90

4. TOTAL POLITICAL EXPENDITURES

\$ 13173.71

CONTRIBUTION  
BALANCE

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

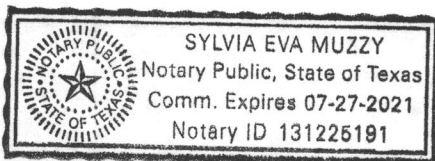
\$ 14314.89

OUTSTANDING  
LOAN TOTALS

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

\$ 5000.00

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lon A. Shell, this the 16<sup>th</sup> day of January, 20 18, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Sylvia Eva Muzzy  
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

LOW A. STELL

20 Filer ID (Ethics Commission Filers)

N/A

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22200.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 900.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 5000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12385.11
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	\$ 288.60
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: 13
2 FILER NAME CON A STELL		3 Filer ID (Ethics Commission Filers) N/A
4 Date 12/17/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GATIE COBB	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 2370 RYLAND RD LANCHESTER TX 78666		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-14-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID BARNETT	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 604 HIGLEY MESA DR. WINBERRY TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-5-17	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: CARVER DAE	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code PO BOX 1034 NORTH LITTLE ROCK AR 72115		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LIM & ANDREW WEBER	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 913 UNIVERSITY RD WINBERRY TX 78676		
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:

13

2 FILER NAME

CON A. SHELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12-8-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

RICHARD SCOTT

7 Amount of contribution (\$)

\$ 5000.00

6 Contributor address;

City; State; Zip Code

11030 MT SHARP RD WIMBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-8-17

Full name of contributor

☐ out-of-state PAC (ID#:

LINDA & BILL PENNINGTON

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

PO BOX 2459 SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/17

Full name of contributor

☐ out-of-state PAC (ID#:

SANDRA & WELBORN GREGG

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

PO BOX 879 WIMBERLEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

PAUL LINDSEY

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2330 SUMMIT RIDGE 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:

13

2 FILER NAME

CON A. STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12-8-17

5 Full name of contributor

PETER HAM

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

9057 BRIAN FOREST DR. HOUSTON TX 77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-6-17

Full name of contributor

JUSTIN VOIGT

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

2507 MOUNTAIN HIGH DR. SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-25-17

Full name of contributor

CHRIS FINNICA

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

11903 CHURCHILL COURT HOUSTON TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~11-17-17~~  
12-13-17

Full name of contributor

~~XXXXXXXXXXXX~~  
COLLIN PARRISH

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

11702 STERLINGHILL DR, AUSTIN TX 78758

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:

13

2 FILER NAME

LOW A SHAL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12-6-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

M+S ENGINEERING PAC

6 Contributor address;

City; State; Zip Code

PO Box 970 SPRING BRANCH TX 79070

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-8-17

Full name of contributor

☐ out-of-state PAC (ID#:

PIX Howell

Contributor address;

City; State; Zip Code

PO Box 663 WIMBERLEY TX 70676

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-8-17

Full name of contributor

☐ out-of-state PAC (ID#:

ROGER HAM

Contributor address;

City; State; Zip Code

PO BOX 277 SWARTHMORE PA 19081

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-8-17

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID GRIFFIS

Contributor address;

City; State; Zip Code

11070 KAY FWY HOUSTON TX 77043

Amount of contribution (\$)

\$ 300.00

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:

13

2 FILER NAME

CON A. SHOLL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12-12-14

5 Full name of contributor

☐ out-of-state PAC (ID#:

ANDREA & ERIC WILLIS

6 Contributor address;

City; State; Zip Code

1104 LAFAYETTE LN, PFLUGERVILLE TX 78660

7 Amount of contribution (\$)

\$ 1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-12-17

Full name of contributor

☐ out-of-state PAC (ID#:

NICOLE & KEVIN HOFFMAN

Contributor address;

City; State; Zip Code

13704 MESA VERDE DR. AUSTIN TX 78737

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-17

Full name of contributor

☐ out-of-state PAC (ID#:

WINTON PORTERFIELD

Contributor address;

City; State; Zip Code

1010 STAGELAND TR, SAN MARCOS TX 78666

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-17

Full name of contributor

☐ out-of-state PAC (ID#:

KAREN FRIESE

Contributor address;

City; State; Zip Code

6603 CAT CREEK TR, AUSTIN TX 78731

Amount of contribution (\$)

\$ 500.00

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: <b>13</b>
2 FILER NAME <b>LON A. STALL</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>12/2/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHARLES NASH</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 1007 SAN MARCOS TX 78666</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KATHY + RANDALL MORRIS</b> Contributor address; City; State; Zip Code <b>333 CITEATHAM ST. SAN MARCOS TX 78666</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/5/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAVERNE + DALE LOWDEN</b> Contributor address; City; State; Zip Code <b>4995 LONE MAN MOUNTAIN RD WIMBERLEY TX 78676</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/12/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RAY WHISENANT CAMPAIGN</b> Contributor address; City; State; Zip Code <b>P-BOX 1007 DRIPPING SPRINGS TX 78620</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:

13

2 FILER NAME

LON A. STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12/4/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

BRENDA JENKINS + DON WALLACE

6 Contributor address;

City; State; Zip Code

2901 SUMMIT RIDGE SAN MARCOS TX 78666

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/3/17

Full name of contributor

☐ out-of-state PAC (ID#:

DARLYNE LOWMAN

Contributor address;

City; State; Zip Code

214 LAZY LN SAN MARCOS TX 78666

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/17

Full name of contributor

☐ out-of-state PAC (ID#:

BILL FRY

Contributor address;

City; State; Zip Code

PO BOX 1353 SAN MARCOS TX 78666

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/17

Full name of contributor

☐ out-of-state PAC (ID#:

SUZANNE + REX COLE

Contributor address;

City; State; Zip Code

113 NORRIS DR, SAN MARCOS TX 78666

Amount of contribution (\$)

100.00

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: 3

2 FILER NAME

LOU A. SIKAL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12-12-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

LEA ANN & JOE KENWORTHY

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

104 VALLEY CIRCLE SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-12-17

Full name of contributor

☐ out-of-state PAC (ID#:

TERESA ZUCKERT

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

17 FLAMING CLIFF RD WIMBERLEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-17

Full name of contributor

☐ out-of-state PAC (ID#:

VICKI & CHRIS ALVORD

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

0 CANYON CREEK DR. WIMBERLEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-17

Full name of contributor

☐ out-of-state PAC (ID#:

BETH & JASON DONARDSON

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

16 DEALE PIPE WIMBERLEY TX 78676

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: 13

2 FILER NAME

CON A. STARR

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12/12/17

5 Full name of contributor

JIM STARK

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

2700 WILLOW ARBOR SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/17

Full name of contributor

SCOTT HARRIS

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

PO Box 1001, WIMPEY TX 79676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-17

Full name of contributor

CORNIE & DONALD BUSBY

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

732 ARLISS DR. ~~WOODWAY~~ TX 76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/17

Full name of contributor

TAMMY & JON CRUMLEY

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

406 DANWOOD DR. 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: 13

2 FILER NAME

CON A. STALL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12/12/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

LYNN & JIM EDWARDS

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

3820 RIVER RD, WIMBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

JANICE & STEVE JONES

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

PO Box 463, SAN MARCOS TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

KATE & WILLIAM JOHNSON

Amount of contribution (\$)

\$ 1000.00

Contributor address;

City; State; Zip Code

4119 W. FM 150, KYLE TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

CASSIE DYSON & BOB PARKS

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

890 MOSS ROSE LN DUFFWOOD TX 78619

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: 13

2 FILER NAME

LON A STALL

3 Filer ID (Ethics Commission Filers) N/A

4 Date

12/12/17

5 Full name of contributor

JANET JONES

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

2101 WINDMILL RUN, WIMBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/17

Full name of contributor

AMY & STEPHEN STANFIELD

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2268 SUMMIT RIDGE SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/17

Full name of contributor

STEVEN AYLOCK

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

312 CHEATHAM ST., SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/17

Full name of contributor

ERIN & DARREN BANKS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

820 CURRIE RANCH RD. WIMBERLEY TX 78676

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: 13

2 FILER NAME

LON A. SHELL

3 Filer ID (Ethics Commission Filers) m/x

4 Date

12/1/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

FRESE & NICHOLS PAC

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4055 INTERNATIONAL PLAZA STE 200  
FORT WORTH TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/1/17

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIS R. CONNER

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1717 W. 6th ST. STE 375, AUSTIN TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/17

Full name of contributor

☐ out-of-state PAC (ID#:

CARL & JOE BIRDEWELL

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

PO BOX 342528 AUSTIN TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/17

Full name of contributor

☐ out-of-state PAC (ID#:

LILA McALL

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

2500 RIVER RD, WIMBERLEY TX 78676

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

LON A. STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

12/12/12

5 Full name of contributor

☐ out-of-state PAC (ID#:

HUMBERT RENE MOUNIER

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

103 OAKWOOD CIRCLE WINBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/14/12

Full name of contributor

☐ out-of-state PAC (ID#:

RAYMOND E HERMAN III

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

PO BOX 992 WINBERLEY TX 78676

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.



**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED

Office Use Only 2014 APR 23 AM 10:31

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

G A R V E R P A I C

ADDRESS (number and street)

P O B O X 1 0 8 1 4



(Check if address  
is changed)

N L I T T L E R O C K

CITY ▲

AR

STATE ▲

7 2 1 1 5

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

d a g a s k i l l @ g a r v e r u s a . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

2. DATE

0 3 / 1 4 / 2 0 1 4

3. FEC IDENTIFICATION NUMBER ►

C 0 0 5 5 9 6 0 9

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dathan Gaskill

Signature of Treasurer

*D. Gaskill*

Date

0 4 / 1 6 / 2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

14031224905

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

14031224906

## GARVERPAC

[illegible]**ZIP CODE**

N LITTLE ROCK AR 721118-

ZIP CODE

Telephone number 5 0 1 - 3 7 6 - 3 6 3 3

N LITTLE ROCK AR 72118-

ZIP CODE

Telephone number 5 0 1 - 3 7 6 - 3 6 3 3

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

LIBERIA BANK

Mailing Address

5800 "R" STREET

TITLE ROCK

AR

72118

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031224908

# 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 LON A. SHELL		3 Filer ID (Ethics Commission Filers) N/A	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 900.00	
5 Date 12-12-17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICKY + TRAVIS COX	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description BEVERAGES FOR EVENT
7 Contributor address; City; State; Zip Code 8600 FM 150 KYLE TX 78640		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 12-12-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY KENNEDY	Amount of Contribution \$ \$200.00	In-kind contribution description PHOTOGRAPHY FOR EVENT
Contributor address; City; State; Zip Code 415 ANCIENT OAK WY, SAN MARCOS TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2</i>	
2 FILER NAME <i>Lon A. Siler</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>900.00</i>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>COGAN DRAGADO</i>	8 Amount of Contribution \$ <i>\$200.00</i>	9 In-kind contribution description <i>VIDEO SERVICES FOR EVENT</i>
7 Contributor address; City; State; Zip Code <i>2913 HUNTER RD. # 113 SAN MARCOS TX 78666</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

LON A. SHELL

4 TOTAL OF UNITEMIZED LOANS

\$ 5000.00

5 Date of loan

10/16/17

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

JENNIFER + LON A. SHELL

9 Loan Amount (\$)

5000.00

6 Is lender a financial Institution?

Y ☒ N

8 Lender address;

City; State; Zip Code

1908 W. MCCARTHY LN SAN MARCOS TX 78666

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>LOW A. SHELL</u>	3 Filer ID (Ethics Commission Filers) <u>N/A</u>
4 Date <u>12/7/17</u>	5 Payee name <u>THE WATERS POINT - CATERING</u>	
6 Amount (\$) <u>2,500.00</u>	7 Payee address; City; State; Zip Code <u>PO Box 1344 WINBETLEY TX 78670</u>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE + FOOD + BEVERAGE EXP.</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>CATERING FOR EVENT</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <u>12/11/17</u>	Payee name <u>COWMIX GRAPHICS + PRINTING</u>	
Amount (\$) <u>203.75</u>	Payee address; City; State; Zip Code <u>404 S CHAMBERLAIN PKWY SAN MARCO TX 78666</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>CMPS TEMPLATES</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <u>12/15/17</u>	Payee name <u>PATTONSON &amp; COMPANY</u>	
Amount (\$) <u>7,379.14</u>	Payee address; City; State; Zip Code <u>PO Box 91405 Austin TX 78709</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>SIGNS, INVITATIONS, BUSINESS CARDS</u>
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**

# 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: <u>2</u>		2 FILER NAME <u>LON A. SHELL</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>12/1/17</u>		5 Payee name <u>PATTERSON + COMPANY</u>			
6 Amount (\$) <u>1596.69</u>		7 Payee address; City; State; Zip Code <u>PO BOX 91405 AUSTIN TX 78709</u>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>WEBSITE HOSTING DESIGN, EMAIL AND ONLINE DONATION START-UP</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/4/17</u>		Payee name <u>LILVIV PHOTOGRAPHY</u>			
Amount (\$) <u>270.63</u>		Payee address; City; State; Zip Code <u>415 ANCIENT OAK WAY SAN MARCOS TX 78666</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>PHOTOGRAPHY</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/5/17</u>		Payee name <u>HAYS COUNTY REPUBLICAN PARTY</u>			
Amount (\$) <u>750.00</u>		Payee address; City; State; Zip Code <u><del>300 S. LA ALLEN</del> PO BOX 1655 SAN MARCOS TX 78667</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>FILING FEE</u>	
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

# 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.

1 Total pages Schedule F4: <b>3</b>		2 FILER NAME <b>LOU A. SITAL</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <b>288.60</b>	
5 Date <b>12/5/17</b>		6 Payee name <b>LOWE'S</b>			
7 Amount (\$) <b>128.60</b>		8 Payee address; City; State; Zip Code <b>2211 IH 35 S. SAN MARCOS TX 78666</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>BOARDS FOR SIGNS</b>	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/9/17</b>		Payee name <b>TARGET</b>			
Amount (\$) <b>30.36</b>		Payee address; City; State; Zip Code <b>700 BARNES DR SAN MARCOS TX 78666</b>			
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) <b>EVENT 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 <b>SUPPLIES, TABLE COVER, LAGERS FOR EVENT</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

1 Total pages Schedule F4: <b>3</b>	2 FILER NAME <b>LOW A. STALL</b>	3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>288.60</b>
5 Date <b>12-14-12</b>	6 Payee name <b>CVS PHARMACY</b>	
7 Amount (\$) <b>56.57</b>	8 Payee address; City; State; Zip Code <b>105 WONDERWORLD DR. SAN MARCOS TX 78666</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>SOLICITATION FUNDRAISING EXP.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CARDS AND STAMPS</b>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>12-16-12</b>	Payee name <b>LOWES</b>	
Amount (\$) <b>51.44</b>	Payee address; City; State; Zip Code <b>2211 114 355. SAN MARCOS TX 78666</b>	
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) <b>ADVERTISING 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 <b>BOARDS AND SIGNS</b>
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

# 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: <div style="text-align: center; font-size: 1.5em;">3</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">CON A S/TORE</div>	<b>3</b> Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">N/A</div>
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> <div style="text-align: center; font-size: 1.2em;">288.60</div>
<b>5</b> Date <div style="text-align: center; font-size: 1.2em;">12/23/17</div>	<b>6</b> Payee name <div style="text-align: center; font-size: 1.2em;">TARGET</div>	
<b>7</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">21.63</div>	<b>8</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">700 BARNES DR. SAN MARCOS TX 78666</div>	
<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) <div style="text-align: center; font-size: 1.2em;">SOLICITATION / FUNDRAISING <del>EVENT EXPENSE</del></div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">CARDS</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	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) <div style="float: right;">                     Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </div>
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