

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: 1.5em;">N/A</div>		2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">27</div>																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:20%; font-size: 0.8em;">FIRST</td> <td style="width:20%; font-size: 0.8em;">MI</td> <td colspan="2"></td> </tr> <tr> <td><div style="font-size: 1.2em;">MR.</div></td> <td><div style="font-size: 1.2em;">LON</div></td> <td><div style="font-size: 1.2em;">A</div></td> <td colspan="2"></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td><div style="font-size: 1.2em;">SHELL</div></td> <td></td> <td colspan="2"></td> </tr> </table>				MS / MRS / MR	FIRST	MI			<div style="font-size: 1.2em;">MR.</div>	<div style="font-size: 1.2em;">LON</div>	<div style="font-size: 1.2em;">A</div>			NICKNAME	LAST	SUFFIX				<div style="font-size: 1.2em;">SHELL</div>			
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OFFICE USE ONLY																								
Date Received <div style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">FEB 26 2018</div> <div style="text-align: center; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <div style="font-size: 1.5em;">DS</div> </div>																								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:20%; font-size: 0.8em;">STATE;</td> <td style="width:20%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5"><div style="font-size: 1.2em;">1908 W. McCARTY LN</div></td> </tr> <tr> <td colspan="5"><div style="font-size: 1.2em;">SAN MARCOS TX 78666</div></td> </tr> </table>				ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<div style="font-size: 1.2em;">1908 W. McCARTY LN</div>					<div style="font-size: 1.2em;">SAN MARCOS TX 78666</div>									
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input 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 colspan="2" style="width:40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td colspan="2"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$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: 0.8em;">Month</td> <td style="width:20%; font-size: 0.8em;">Day</td> <td style="width:20%; font-size: 0.8em;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: 0.8em;">Month</td> <td style="width:20%; font-size: 0.8em;">Day</td> <td style="width:20%; font-size: 0.8em;">Year</td> </tr> <tr> <td><div style="font-size: 1.2em;">1</div></td> <td><div style="font-size: 1.2em;">26</div></td> <td><div style="font-size: 1.2em;">18</div></td> <td style="text-align: center; font-size: 0.8em;">THROUGH</td> <td><div style="font-size: 1.2em;">2</div></td> <td><div style="font-size: 1.2em;">24</div></td> <td><div style="font-size: 1.2em;">18</div></td> </tr> </table>				Month	Day	Year		Month	Day	Year	<div style="font-size: 1.2em;">1</div>	<div style="font-size: 1.2em;">26</div>	<div style="font-size: 1.2em;">18</div>	THROUGH	<div style="font-size: 1.2em;">2</div>	<div style="font-size: 1.2em;">24</div>	<div style="font-size: 1.2em;">18</div>						
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12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">HAYS COUNTY PCT 3</div> <div style="font-size: 1.2em;">COMMISSIONER</div>			13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">HAYS COUNTY PCT 3</div> <div style="font-size: 1.2em;">COMMISSIONER</div>																				

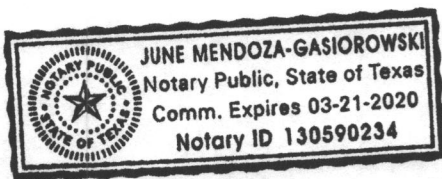
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	<u>LOW A. SHELL</u>	15 Filer ID (Ethics Commission Filers)	<u>N/A</u>	
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		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 430.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,681.00		
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 37.25	
		4. TOTAL POLITICAL EXPENDITURES	\$ 22,221.39	
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,937.72	
	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 LOW SHELL, this the 26th day of February, 20 18, to certify which, witness my hand and seal of office.

June Mendoza-Gasiorowski
Signature of officer administering oath

June Mendoza-Gasiorowski
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

Lon A. Staal

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	\$ 21,031.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 650.00
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	\$ 22062.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 45.23
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 113.73
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

18

2 FILER NAME

LOW A. STONE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

1/31/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL NICHOLS

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City; State; Zip Code

3303 SUNSET LN ARLINGTON TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-18

Full name of contributor

☐ out-of-state PAC (ID#:

STRAUD EVANS

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

2606 ENFIELD RD ARLING AUSTIN TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-18

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT HOWARD

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2315 WESTFOURTH DR. AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-18

Full name of contributor

☐ out-of-state PAC (ID#:

EMMA + JEFF BRADLEY

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

6200 SUNSHINE PKWY, ROUND ROCK TX 78681

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 SHER

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

1/30/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

WILLIS CONNER

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

1717 W. 6th St SWE 375 Austin TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVID BRANN

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

PO Box 1143 DRIPPING SPRINGS TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DR + MRS JACK WEATHERFORD

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2275 Summit Ridge San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

AMY & JOHN DONCET

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2300 CANTON CROOK DR DRIPPING SPRINGS TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

1-31-12

5 Full name of contributor

CATHERINE & PIX HOWELL

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

PO BOX 663 WIMBERLEY TX 79676

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/29/12

Full name of contributor

GILMER GASTON

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

21335 DAK RIDGE CT SAN ANTONIO TX 78258

Amount of contribution (\$)

125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/12

Full name of contributor

MARK RAMSEUR

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

614 W. BARTLETT DR BUDA TX 78610

Amount of contribution (\$)

125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/12

Full name of contributor

HNTB HOLDINGS PAC

☒ out-of-state PAC (ID#: 12FE4M5)

Contributor address;

City; State; Zip Code

715 KIRK DR. KANSAS CITY, MO 64105

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

19

2 FILER NAME

CON A STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

1/30/19

5 Full name of contributor

ROB HARRIS

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

220 BOWLIN CV DALLAS SPRINGS TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/31/18

Full name of contributor

WOLFE JASEK

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1805 E. MESSICK LOP ROUND ROCK TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/18

Full name of contributor

SUSAN SMITH TURNER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

PO Box 5902 Austin TX 78763

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/18

Full name of contributor

HUNT - ZOLLARS PAC

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1717 MCKINNEY AVE STE 1400 DALLAS TX 75202

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: 19

2 FILER NAME

CON A STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

1/25/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

KLOTE ASSOCIATES PAC

6 Contributor address;

City; State; Zip Code

1160 DAIRY ASHFORD STE 500 HOUSTON TX 77079

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/18

Full name of contributor

☐ out-of-state PAC (ID#:

LINDA & DAVID HUFF

Contributor address;

City; State; Zip Code

702 MAURY ST. SAN MARCOS TX 78666

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

SHIRLEY & JAMES DANNENBAUM

Contributor address;

City; State; Zip Code

3908 DEL MONTE DR. HOUSTON TX 77099

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/18

Full name of contributor

☐ out-of-state PAC (ID#:

CR & Y INC PAC

Contributor address;

City; State; Zip Code

1820 REAR ROW STE 200, DALLAS TX 75235

Amount of contribution (\$)

1000.00

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: 19

2 FILER NAME

CON A. STALL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2/1/12

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

HALFF ASSOCIATES PAK

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

1201 N BOWSER RD RICHARDSON TX 75081

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/29/12

Full name of contributor

☐ out-of-state PAC (ID#: _____)

COBB FENDLEY PAK

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

13430 NW FRWY SUITE 1100 HOUSTON TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/12

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GEORGIA & HANK SMITH

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2301 BEAR SPRINGS TRL AUSTIN TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/12

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KAY & JAMES BROADBENS

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

605 LAKEBOW CREE AUSTIN TX 78746

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: 19
2 FILER NAME LON A S/HAN		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2/7/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY BARCHFIELD	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2410 PRITE ACRES RD WIMBERLEY, TX 78676		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN ANDERSON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 305 RIVER OAKS DR WIMBERLEY TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN OLSON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 421 W SAN ANTONIO ST, FL SAN MARCOS TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM KEYSER	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 341 THOMAS OAKS 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:

19

2 FILER NAME

CON A. SHAL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2-7-18

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

MARCUS NAISER

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2702 GARLIC CREEK DR. BUDA TX 78610

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-9-18

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

M. SCOTT ROBERTS

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

PO BOX 311, DRIFFWOOD TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-8-18

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

LANNETTE & DALE LOWDEN

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

4995 Lone Man Mountain RD WIMBERLY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-18

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

RAPHAEL CUENNERO

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

811 E. 11th ST. #343 AUSTIN TX 78702

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: 19

2 FILER NAME

CON A. STERL

3 Filer ID (Ethics Commission Filers) M94

4 Date

2-15-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

ROGER GORDON

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

901 S MOORE EXPRY BLDG #1 #300 AUSTIN TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-19-18

Full name of contributor

☐ out-of-state PAC (ID#:

TOM RICHEY

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

PO BOX 1533 SAN MARCOS TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-18

Full name of contributor

☐ out-of-state PAC (ID#:

KYLE KEEGAN

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

125 APRIL WIND DR. N
MONTGOMERY TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-18

Full name of contributor

☐ out-of-state PAC (ID#:

GARY GRABER

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3128 NASA PKWY SEABROOK TX 77586

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: 19

2 FILER NAME

LON A. SHELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2-16-18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN ELLEN

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

PO BOX 192 LOCKHART TX 70644

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHARLES MARK RODEW

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2350 RIVER RD, WIMBERLEY TX 70676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ALICE & PHILLIP LEBKUECHER

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

188 TULLEY COURT, WIMBERLEY TX 70676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARYANN & FLEMMING JORGENSEN

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

PO BOX 2582 WIMBERLEY TX 70676

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:

18

2 FILER NAME

LOW A. STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2-18-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHARLENE + RANDY MYERS

6 Contributor address;

City; State; Zip Code

PO Box 928 WIMBERLEY TX 78676

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-18

Full name of contributor

☐ out-of-state PAC (ID#:

STEVE JAGGERS

Contributor address;

City; State; Zip Code

250 BLANCO DR. WIMBERLEY TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-18

Full name of contributor

☐ out-of-state PAC (ID#:

JOE MARONE

Contributor address;

City; State; Zip Code

1136 TOW PASS, WIMBERLEY TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-18

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID PIERCE

Contributor address;

City; State; Zip Code

820 SACHTLEBEN RD WIMBERLEY TX 78676

Amount of contribution (\$)

101.00

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

LOW A STALL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2-15-18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

AMY & MICHAEL GOMER

6 Contributor address;

City; State; Zip Code

PO BOX 720139 McALLEN TX 78504

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ERIC ESKELUND

Contributor address;

City; State; Zip Code

184 AUGUSTA DR. WOOD CREEK TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN DAVID CARSON

Contributor address;

City; State; Zip Code

467 S. STAGELAND TRL #203 SAN MARCOS TX 78666

Amount of contribution (\$)

1250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LYNN JAMES NICK EDWARDS

Contributor address;

City; State; Zip Code

3820 WINTER RD WIMBERLEY TX 78674

Amount of contribution (\$)

200.00

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: **19**

2 FILER NAME

LOW A STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2-23-18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

GARY BOWMAN

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

3863 CONSUMERS DR #300 CHANTILLY VA, 20151

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BRUCE HARPER

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

300 S STAGELAND TRL #119 SAGINAW TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GILBERT BRALL

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3707 GREEN TRAILS S. AUSTIN TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICHAEL STEVENS

Amount of contribution (\$)

400.00

Contributor address;

City; State; Zip Code

111 WHITEWATER 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.

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

HNTB Holdings Ltd. PAC

ADDRESS (number and street)

715 Kirk Drive

☐(Check if address
is changed)

Kansas City

CITY ▲

MO

STATE ▲

64105

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

makelley@hntb.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
01 / 03 / 2018

3. FEC IDENTIFICATION NUMBER ►

C

C00386029

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 Mann, Douglas, , ,

Signature of Treasurer

Mann, Douglas, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 03 / 2018NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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:

- | | | | | | |
|-------------------------------------|-------------------------|--------------------------|-------------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Corporation w/o Capital Stock | <input type="checkbox"/> | Labor Organization |
| <input type="checkbox"/> | Membership Organization | <input type="checkbox"/> | Trade Association | <input type="checkbox"/> | 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. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

A1

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

HNTB Holdings Ltd. PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

HNTB Holdings Ltd.

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kelley, Matt, , ,

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

816

527

2346

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Mann, Douglas, , ,

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

816

527

2346

Full Name of
Designated
Agent

Kelley, Matt, , ,

Mailing Address

715 Kirk Drive

Kansas City

MO

64105

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

816

527

2346

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.

Commerce Bank

Mailing Address

1000 Walnut Street

Kansas City

MO

64106

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

A7

Image# 201801039090365519

PAGE 5 / 5

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

This registration is being amended to disclose that this PAC is no longer a Lobbyist/Registrant PAC

Form/Schedule:
Transaction ID:

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		\$ 650.00	
5 Date 2-18-18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILL CONLEY	8 Amount of Contribution \$ 650.00	9 In-kind contribution description ADVERTISING EXPENSE
7 Contributor address; City; State; Zip Code 701 MOUNTAIN CREST WIMBLEDON TX 79176		<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.

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: 3		2 FILER NAME CON A. SHELL		3 Filer ID (Ethics Commission Filers) N/A	
4 Date 2-13-18		5 Payee name PATERSON & COMPANY			
6 Amount (\$) 5248.93		7 Payee address; City; State; Zip Code PO BOX 91405 AUSTIN TX 78709			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING 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 MAILER	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-8-18		Payee name PATERSON & COMPANY			
Amount (\$) 4693.41		Payee address; City; State; Zip Code PO BOX 91405 AUSTIN TX 78709			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-8-18		Payee name PATERSON & COMPANY			
Amount (\$) 1894.38		Payee address; City; State; Zip Code PO BOX 91405 AUSTIN TX 78709			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING	
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: 3		2 FILER NAME WON A SHERL		3 Filer ID (Ethics Commission Filers) N/A	
4 Date 2-9-18		5 Payee name PATTERSON & COMPANY			
6 Amount (\$) 2000		7 Payee address; City; State; Zip Code PO BOX 91405 AUSTIN TX 78709			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING 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 CONSULTING FOR CAMPAIGN	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-17-18		Payee name MAD ROOSTER'S			
Amount (\$) 684.40		Payee address; City; State; Zip Code 8600 W FM 150 KYLE TX 78640			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES & BEVERAGES FOR EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-23-18		Payee name PATTERSON & COMPANY			
Amount (\$) 4079.46		Payee address; City; State; Zip Code PO BOX 91405 AUSTIN TX 78709			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILER	
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>3</u>		2 FILER NAME <u>CON A. SHAN</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>2-23-18</u>		5 Payee name <u>PATTERSON & COMPANY</u>			
6 Amount (\$) <u>3274.60</u>		7 Payee address; City; State; Zip Code <u>PO Box 91405 Austin TX 78709</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>PRINTING 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>MAILER</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>2-5-18</u>		Payee name <u>HAYS COUNTY REPUBLICAN WOMEN</u>			
Amount (\$) <u>150.00</u>		Payee address; City; State; Zip Code <u>PO Box 1928 San Marcos TX 78664</u>			
PURPOSE OF EXPENDITURE		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>ADVERTISING + SPONSORSHIP FOR CANDIDATE FORUM</u>	
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			
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	Office held

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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: 1	2 FILER NAME LON A. STARR	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 45.23
5 Date 2/17/18	6 Payee name HETZ	
7 Amount (\$) 14.97	8 Payee address; City; State; Zip Code 200 W HOPKINS SAN MARCOS TX 78666	
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) 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 SUPPLIES FOR EVENT
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 2/17/18	Payee name TARGET		
Amount (\$) 30.26	Payee address; City; State; Zip Code 700 BARNES DR. SAN MARCOS TX 78666		
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) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR EVENT	
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 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: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">LOW ASHALL</div>	3 Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">N/A</div>
4 Date <div style="text-align: center; font-size: 1.2em;">2/15/18</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">AMERICAN EXPRESS</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">113.73</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PO BOX 650448 DALLAS TX 75265</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">CREDIT CARD PAYMENT</div> </div> <div style="width: 50%;"> (b) Description Payment of CC for ADVERTISING EXPENSE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>		

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="float: right; font-size: 0.8em;"> (b) 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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>	

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="float: right; font-size: 0.8em;"> (b) 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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>	

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