

# 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) <i>N/A</i>	2 Total pages filed: <i>11</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms</i>	FIRST <i>Low</i>	MI <i>A</i>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.2em; font-weight: bold;">Received</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 15 2019</div> <div style="font-size: 1.2em; font-weight: bold;">Elections Office</div> 	
	NICKNAME	LAST <i>Shaw</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1908 W. MCCARTY LN SAN MARCOS TX 78666</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>644 0843</i>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>JENNIFER</i>	MI <i>C</i>	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST <i>Shaw</i>	SUFFIX	Receipt #	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1908 W. MCCARTY LN SAN MARCOS TX 78666</i>			Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>787 4090</i>	EXTENSION	Date Imaged	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month    Day    Year <i>10 / 28 / 18</i>			THROUGH	Month    Day    Year <i>12 / 31 / 18</i>
11 ELECTION	ELECTION DATE Month    Day    Year <i>11 / 6 / 18</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>HAYS County Commissioner Pet 3</i>		13 OFFICE SOUGHT (if known) <i>HAYS County Commissioner Pet 3</i>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Lou 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME  
AVES COUNTY REPUBLICAN PARTY

COMMITTEE ADDRESS  
900 Bull LN, # 111B San Marcos TX 78666

COMMITTEE CAMPAIGN TREASURER NAME  
MARY PAT PAUL

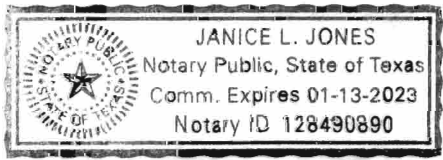
COMMITTEE CAMPAIGN TREASURER ADDRESS  
310 SPRINGWOOD RD TRIPPING SPRINGS TX 78620

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5617.18
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 451.93
	4. TOTAL POLITICAL EXPENDITURES	\$ 6781.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2625.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9500.00

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 Lou A. Shell, this the 15<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Janice L. Jones Printed name of officer administering oath  
Notary LSSS-OCG Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Lon A. Stone</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>5617.18</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ <i>2000.00</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>6330.00</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>1554.14</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME LOW A STEAL

3 Filer ID (Ethics Commission Filers) N/A

4 Date 10/28/13  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
E WAYNE ROUSE  
 6 Contributor address; City; State; Zip Code  
423 PARKSIDE DR. SAN MARCOS TX 78666

7 Amount of contribution (\$) 150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 10/31/13  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
TENESA JUNKIN  
 Contributor address; City; State; Zip Code  
PO BOX 2910 WIMBORLEY TX 78767

Amount of contribution (\$) 75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/5/13  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
LOUIS OMDYKE  
 Contributor address; City; State; Zip Code  
201 BRANCO BLVD PUNCHS BLVD SAN MARCOS TX 78666

Amount of contribution (\$) 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/5/13  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JOHN DAVID CARSON  
 Contributor address; City; State; Zip Code  
407 S STAGGONAH STE 203 SAN MARCOS TX 78666

Amount of contribution (\$) 1250.00

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 **Lon A. Stoll**

3 Filer ID (Ethics Commission Filers) **N/A**

4 Date **11/12/18**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**REA - GOOD GOVERNMENT PAC**  
 6 Contributor address; City; State; Zip Code  
**90 SAN JACINTO BLD, SUITE 510 AUSTIN TX**

7 Amount of contribution (\$) **1000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **11/9/18**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**EDWARD JOHNSON**  
 Contributor address; City; State; Zip Code  
**11208 BLAIRVIEW LN AUSTIN TX 78748**

Amount of contribution (\$) **500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/9/19**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CATHERINE & COREY CAROTHERS**  
 Contributor address; City; State; Zip Code  
**1105 MOUNTAIN VIEW SAN MARCOS TX 78464**

Amount of contribution (\$) **200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/12/18**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**M. CHARL BOSS**  
 Contributor address; City; State; Zip Code  
**400 BLUFF VIEW DR WIMBORLEY TX 78676**

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: **3**

2 FILER NAME **LOW A STARR**

3 Filer ID (Ethics Commission Filers)  
**N/A**

4 Date **12/30/10** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**BENT COBB CAMPAIGN FUND**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**2370 PRINDLEWOOD RANCHES DR. TX 75063**  
**SAN ANTONIO**

**1342.18**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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:

1

2 FILER NAME

LOW A STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12/31/18

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

LOW A STELL & JENNIFER STELL

9 Loan Amount (\$)

2000.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

1903 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME LON A SHOU	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 11/16	<b>5</b> Payee name JORDAN PAWLEK	
<b>6</b> Amount (\$) 690.00	<b>7</b> Payee address; City; State; Zip Code 417 N COMANCHE #402 SAN MARCOS TX 78666	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(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 LABOR
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/16	Payee name LESLIE DONAK	
Amount (\$) 360.00	Payee address; City; State; Zip Code 403 NORTH ST. SAN MARCOS TX 78666	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/16	Payee name BRYAN HINSLEY	
Amount (\$) 210.00	Payee address; City; State; Zip Code BAYON 121 CRADDOCK AV # 624 SAN MARCOS TX 78666	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR
	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: <b>3</b>		2 FILER NAME <b>Lin A Staal</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>	
4 Date <b>10/16</b>		5 Payee name <b>HAYLEE BIESEN</b>			
6 Amount (\$) <b>310.00</b>		7 Payee address; City; State; Zip Code <b>1610 N. 1435 H/232B SAN MARCOS TX 78666</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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>LABOR</b>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>11/16</b>		Payee name <b>GEORGIA STRICKER</b>			
Amount (\$) <b>240.00</b>		Payee address; City; State; Zip Code <b>201 TELLURIDE # 3501 SAN MARCOS TX 78666</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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>LABOR</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>11/16</b>		Payee name <b>ALEX HILE</b>			
Amount (\$) <b>170.00</b>		Payee address; City; State; Zip Code <b>715 STAMPEDE RD SAN MARCOS TX 78666</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</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>LABOR</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Gov A Stue	3 Filer ID (Ethics Commission Filers) N/A
---------------------------------	----------------------------	--

4 Date 11/16/18	5 Payee name GUTARIE EFFENSON
--------------------	----------------------------------

6 Amount (\$) 1360.00	7 Payee address; City; State; Zip Code 5613 COLLINWOOD AVE. FORT WORTH TX 76107
--------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/31/18	Payee name ERIC OPIELA PULL
------------------	--------------------------------

Amount (\$) 3000.00	Payee address; City; State; Zip Code 6612 MANZANITA ST. AUSTIN TX 78759
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) LEGAL SERVICES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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 ONLY 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 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: <u>1</u>		2 FILER NAME <u>Gov A Sizer</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>11/15/19</u>		5 Payee name <u>AMERICAN EXPRESS</u>			
6 Amount (\$) <u>1086.82</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>PO Box 650448 DALLAS TX 75265</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>CREDIT CARD PAYMENT</u>		(b) Description <u>CC Payment for Hotel</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11/15/19</u>		Payee name <u>AMERICAN EXPRESS</u>			
Amount (\$) <u>340.99</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>PO Box 650448 DALLAS TX 75265</u> <u>AMERICAN EXPRESS</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>CREDIT CARD PAYMENT</u>		(b) Description <u>CC Payment for Promotional Items</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11/15/19</u>		Payee name <u>AMERICAN EXPRESS</u>			
Amount (\$) <u>126.33</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>PO BOX 650448 DALLAS TX 75265</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>CC PAYMENT FOR TRAVEL</u>		(b) Description <u>CC Payment for T-POSTER</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED