

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

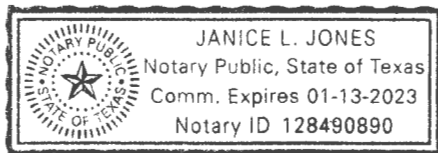
19 FILER NAME <i>Low A. Stettin</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>35535.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>12815.05</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>86.51</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</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>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	<u>Lon A. Shell</u>	15 Filer ID (Ethics Commission Filers) <u>N/A</u>																								
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td><input checked="" type="checkbox"/> GENERAL</td> <td colspan="2"><u>HAYS COUNTY REPUBLICAN PARTY</u></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td colspan="2"><u>6000 W FM 150 KYLE TX 73670</u></td> </tr> <tr> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td colspan="2"><u>MARY PAT PAUL</u></td> </tr> <tr> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td colspan="2"><u>310 SPANWOOD RD DRIPPING SPRINGS TX 78620</u></td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME		<input checked="" type="checkbox"/> GENERAL	<u>HAYS COUNTY REPUBLICAN PARTY</u>		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			<u>6000 W FM 150 KYLE TX 73670</u>			COMMITTEE CAMPAIGN TREASURER NAME			<u>MARY PAT PAUL</u>			COMMITTEE CAMPAIGN TREASURER ADDRESS			<u>310 SPANWOOD RD DRIPPING SPRINGS TX 78620</u>	
COMMITTEE TYPE	COMMITTEE NAME																									
<input checked="" type="checkbox"/> GENERAL	<u>HAYS COUNTY REPUBLICAN PARTY</u>																									
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																									
	<u>6000 W FM 150 KYLE TX 73670</u>																									
	COMMITTEE CAMPAIGN TREASURER NAME																									
	<u>MARY PAT PAUL</u>																									
	COMMITTEE CAMPAIGN TREASURER ADDRESS																									
	<u>310 SPANWOOD RD DRIPPING SPRINGS TX 78620</u>																									
<input type="checkbox"/> Additional Pages																										
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>																								
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>35535.⁰⁰</u>																								
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>																								
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12901.56</u>																								
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>24570.04</u>																								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>16000.⁰⁰</u>																								

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 5th day of October, 20 20, 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

Legal Support
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

20

2 FILER NAME

LOW A-SHELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/6/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

CAROL CAPE OVERALL

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

113 CAMARO WAY SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/30/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WILL CONLEY

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1218 WATERPARK RD WIMBERLEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PETER HAM

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

9037 BLISS FIRST M. HOUSTON TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

AMANDA ERWIN

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

10 SHADY GROVE LN 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:

20

2 FILER NAME

LOW A SHELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/10/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHERRY DAUGHERL

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

9251 COTTONWOOD LN BAYNHAM TX 77833

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/11/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MEREDITH + DAVE GRIFFIS

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

102 WYNDEN TRAIL LN HOUSTON TX 77056

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROGER HAM

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

PO BOX 277 SWARTHMORE PA 19081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GLORIA BARRERA

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

37023 STALLION RUN MAGNOLIA, TX 77355

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:

20

2 FILER NAME

LOW A STEW

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/14/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

BRENDA JENKINS

6 Contributor address;

City;

State;

Zip Code

2901 SUMMIT RIDGE DR. SAN MARCOS TX 78666

7 Amount of contribution (\$)

~~100.00~~
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/14/20

Full name of contributor

☐ out-of-state PAC (ID#:

SABINA & GARY TUCKER

Contributor address;

City;

State;

Zip Code

PO Box 1600 WIMBERLEY TX 79676

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/20

Full name of contributor

☐ out-of-state PAC (ID#:

CASSIE DYSON & BOB PARKS

Contributor address;

City;

State;

Zip Code

890 MOSS ROSE LN, DUFFWAD TX 79619

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/20

Full name of contributor

☐ out-of-state PAC (ID#:

TOM CONLEY

Contributor address;

City;

State;

Zip Code

914 TATE TRAIL, SAN MARCOS TX 79666

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:

20

2 FILER NAME

Low A 5/1/20

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/20/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARY & PAUL DUBOIS

6 Contributor address;

City;

State;

Zip Code

13501 RAIL 12 # 103 WIMBERLEY TX 78676

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TAMMY & JON CRUMLEY

Contributor address;

City;

State;

Zip Code

406 DORWOOD DR SAN MARCOS TX 78666

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/24/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BRIAN OLSON

Contributor address;

City;

State;

Zip Code

4121 W. SAN ANTONIO ST. F6 SAN MARCOS TX 78666

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/25/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

AMY STAFFORD

Contributor address;

City;

State;

Zip Code

2268 SUMMIT RIDGE DR SAN MARCOS TX 78666

Amount of contribution (\$)

250.00

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:

20

2 FILER NAME

LOW A STAN

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/25/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

JEFF MUNDY

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

3908 DEBBIE DATH AUSTIN TX 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/27/20

Full name of contributor

☐ out-of-state PAC (ID#:

GRA WEBB

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

132 RIVER ROAD CIRCLE WIMBETON TX 70676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/20

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID EDWARDS

Amount of contribution (\$)

~~150.00~~
150.00

Contributor address;

City; State; Zip Code

4100A Hill St Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/20

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN WORNALL

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

509 CAMINO BARANCA Round Mountain TX 70463

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: 20

2 FILER NAME

Lon A. Siler

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/31/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

MONY PARKER

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

513 FRANK OAKS ST SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/20

Full name of contributor

☐ out-of-state PAC (ID#:

GROB NEAL

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

76 MIDWOOD CIRCLE WIMBERLY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/3/20

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 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5

Full name of contributor

☐ out-of-state PAC (ID#:

REBECCA DICKEY

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

700 HUGO RD 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:

20

2 FILER NAME

Lo. A. Siler

3 Filer ID (Ethics Commission Filers)

MA

4 Date

9/5/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

RADHA GUERRERO

6 Contributor address;

City; State; Zip Code

911 E. 11th St, Apt # 343 Austin TX 78702

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/20/20

Full name of contributor

☐ out-of-state PAC (ID#:

HALFD ASSOCIATES STATE PAC

Contributor address;

City; State; Zip Code

1201 N BOWEN RD RICHARDSON TX 75081

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/20

Full name of contributor

☐ out-of-state PAC (ID#:

JONES & CARTER PAC

Contributor address;

City; State; Zip Code

6330 W LOOP S #150 BALDWIN TX 77401

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/20

Full name of contributor

☐ out-of-state PAC (ID#:

RICHARD SCOTT

Contributor address;

City; State; Zip Code

11030 MT SHARPE WIMBENY TX 78676

Amount of contribution (\$)

5000.00

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:

20

2 FILER NAME

Lon A S/Hall

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/13/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

PAULA POND

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

121 LONGVIEW LOOP SW MARLBOROUGH MA 01866

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/10/20

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN R. SCHOTT

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

939 WILLOW CREEK CIR NW MARLBOROUGH MA 01864

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/20

Full name of contributor

☐ out-of-state PAC (ID#:

PIT HOWELL

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

615 BOX CANYON RD WINDSOR MA 01890

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/20

Full name of contributor

☐ out-of-state PAC (ID#:

KAREN FRIGGE

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

6603 CAT CREEK RD ANDOVER MA 01810

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:

20

2 FILER NAME

LOW A. SHAW

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/10/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES & JOSEPH CAMPBELL

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

PO BOX 1806 WIMBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

STEVEN DAVIDSON

Amount of contribution (\$)

1250.00

Contributor address;

City;

State;

Zip Code

13267 E. LOTS LN CARMER IN 46074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID#:

CASH CAMPBELL

Amount of contribution (\$)

1250.00

Contributor address;

City;

State;

Zip Code

10715 MORNINGDOLE CIRCLE
FISHKILL IN 46038

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID#:

DEC PAC

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

1 CANNWAY PLAZA #225 HOUSTON TX 77046

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:

20

2 FILER NAME

LOW A STELL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/1/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARY FINE + PETER WAY

6 Contributor address;

City;

State;

Zip Code

PO Box 36530 Houston TX 77236

7 Amount of contribution (\$)

3000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIS CONNER

Contributor address;

City;

State;

Zip Code

1717 W. 6th St. #375 Austin TX 78703

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

M / RITA HERMAN

Contributor address;

City;

State;

Zip Code

2232 GARDON COURT SAN MARCOS TX 78666

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/20

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN BILODEAN

Contributor address;

City;

State;

Zip Code

8 GREEN POINTE, SAN MARCOS TX 78666

Amount of contribution (\$)

50.00

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:

20

2 FILER NAME

Low A Sfor

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/5/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

VICTOR GARCIA

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

107 W. MINNIE CIRCLE SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/20

Full name of contributor

☐ out-of-state PAC (ID#:

WILSON & ROBIN HOFFMAN

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1304 MOJA VERDE DR. AUSTIN TX 78732

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/20

Full name of contributor

☐ out-of-state PAC (ID#:

HARRISON & CHRIS CARSON

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

150 WHITMAN WIMBACON TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/20

Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES RAMSAY

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

309 EDWARDS WIMBACON 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: 20

2 FILER NAME

Comm A Short

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/12/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

ANTHONY MCAN

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

11211 MEMORIAL DR #52 Houston TX 77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/10/20

Full name of contributor

☐ out-of-state PAC (ID#:

WC CARSON

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

PO Box 666 SAN MARCOS TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/20

Full name of contributor

☒ out-of-state PAC (ID# 00559609)

GARVER PAC

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

PO Box 1094 N. LITTLE ROCK AR 72115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/20

Full name of contributor

☐ out-of-state PAC (ID#:

PAMELA COLE

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

402 OAKRIDGE 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:

20

2 FILER NAME

Lon A. Sitar

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/19/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

ROGER LEHMAN

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

407 S SMOGHERN TRL #203 SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/16/20

Full name of contributor

☐ out-of-state PAC (ID#:

JACK & CAROL WENTHURF

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

9/15/20

Full name of contributor

☐ out-of-state PAC (ID#:

LORNE & GERHARD SCHULTE

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

132 PINE LN SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/20

Full name of contributor

☐ out-of-state PAC (ID#:

KATHY & RAY DALL MORRIS

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

333 CLATHAM ST. 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: 20
2 FILER NAME Lor A. Sforz		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/16/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PITIL LEBKUECHER	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 198 TULLY CT WIMBURY TX 78676		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/16/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MURRAY P. PATE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 310 SPRINGWOOD RD DRAPEING SPRINGS TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/19/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE COFER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3306 GENTRAL DR. AUSTON TX 78716		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHANDLER D. DOWNT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1114 W HICKING ST. 340 MARCOS TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:

20

2 FILER NAME

LOW A S/ALL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

7/27

5 Full name of contributor

☐ out-of-state PAC (ID#:

LINERBARON GOLLAN BLUNT & SAMPSON

6 Contributor address;

City;

State;

Zip Code

PO Box 17428 Austin TX 78760

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/16/20

Full name of contributor

☐ out-of-state PAC (ID#:

JEAN + ROBERT MURPHY

Contributor address;

City;

State;

Zip Code

2505 GREAT OAKS, SAN MARCOS TX 78666

Amount of contribution (\$)

35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

SCOTT WAY

Contributor address;

City;

State;

Zip Code

4509 AVENUE C AUSTIN TX 78751

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

MATTHEW TEPPER

Contributor address;

City;

State;

Zip Code

5803 LINK AVE AUSTIN TX 78752

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: 20
2 FILER NAME Low A Shtau		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/24/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CRAIG MORAN	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1343 River Forest Dr Round Rock TX 78665		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/14/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSE L. CACCIA, JR	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code 17 FLAMING CLIFF RD WIMBERLEY, TX 78678		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRENDA & HC KYLE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 711 W SAN ANTONIO ST. SAN MARCOS TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE JONES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 915 THOUSAND OAKS LANE 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: 20
2 FILER NAME LOW A STEAL		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/24/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID GLENN	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code PO Box 1039, WIMBERLEY TX 78676		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MOLLY & BRUCE WENDT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 103 CASCADE TRL SAN MARCOS TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARXSON WALDRON	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code PO Box 1996 WIMBERLEY TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LYNN B JOHNSON	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 604 SABINO 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: 2
2 FILER NAME LOW A SHER		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/24/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VICTORIA & TRAVIS LOX	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 8940 Am 150 Drummond TX 76019		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LISA & NATHAN SLOAN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 165 VIA DE NOBIA ST. WIMBERLEY TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/20	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 SAN MARCO TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VICKI & CHAS ARWOLD	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8 Canyon Creek Dr 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:

20

2 FILER NAME

LOW A SHER

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/24/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

LILA McCALL

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

2500 MARINO WINBERRY TX 70676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

LANCE SPANIER

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1105 TARTARIL SW NACOGES TX 70646

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

GARY & LOY LOCKE

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

90 MIDLAND CIR. WINBERRY TX 70646

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTINA REWIE STRAIN

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

PO Box 2532 WINBERRY 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:

20

2 FILER NAME

LOW A. SHAW

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/13/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL HEATH

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

11701 STANLEY DR #100 AUSTIN TX 78759

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

THOMAS BAKER, JR

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1111 RED CORRAL RANCH RD WIMBEELEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

LINDA & ROY BUCKLEY

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

361 SOUTHWIND WIMBEELEY 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)

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: <u>2</u>		2 FILER NAME <u>Lon A. Steen</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>7/13/20</u>		5 Payee name <u>HAYS COUNTY REPUBLICAN PARTY</u>			
6 Amount (\$) <u>200.00</u>		7 Payee address; City; State; Zip Code <u>PO BOX 1655 SAN MARCOS TX 78667</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION</u>		(b) Description <u>CONTRIBUTION</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>8/27/20</u>		Payee name <u>PATTERSON & COMPANY</u>			
Amount (\$) <u>974.25</u>		Payee address; City; State; Zip Code <u>166 HARGRAVES DR. C-400 BOX 423 AUSTON TX 78737</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>PRINTING OF SIGNS & CAMPAIGN MATERIAL</u>		
	<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					
Date <u>9/21/20</u>		Payee name <u>PATTERSON & COMPANY</u>			
Amount (\$) <u>4235.16</u>		Payee address; City; State; Zip Code <u>166 HARGRAVES DR. C-400 BOX 423 AUSTON TX 78737</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>PRINTING AND POSTAGE FOR MAIL PIECE</u>		
	<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					

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>LOW A STELL</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>9/24/20</u>		5 Payee name <u>Pearson & Company</u>			
6 Amount (\$) <u>5695.35</u>		7 Payee address; City; State; Zip Code <u>166 HARGREAVES DR. C-400, #423 AUSTIN TX 78737</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		(b) Description <u>PRINTING OF CAMPAIGN MATERIALS & MAIL PIECE AND OTHER MATERIALS</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/3/20</u>		Payee name <u>SIBB ARTS</u>			
Amount (\$) <u>1515.50</u>		Payee address; City; State; Zip Code <u>205 CHEATHAM ST. #4 SAN MARCOS TX 78666</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>PRINTING OF 4x4 CAMPAIGN SIGNS</u>		
	<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					
Date <u>9/29/20</u>		Payee name <u>STRIPE</u>			
Amount (\$) <u>194.79</u>		Payee address; City; State; Zip Code <u>510 Townsend St. SAN FRANCISCO CA 94103</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>		Description <u>fees for online transactions</u>		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>Lon A. S/heer</u>	3 Filer ID (Ethics Commission Filers) <u>N/A</u>			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>0</u>			
5 Date <u>9/3/20</u>	6 Payee name <u>Louie's</u>				
7 Amount (\$) <u>86.51</u>	8 Payee address; City; State; Zip Code <u>2211 1A 35 S.</u> <u>SAN MARCOS TX 78646</u>				
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) <u>ADVERTISING TRIP</u>	(b) Description <u>MATERIALS FOR SIGN</u>			
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 30%;">Office sought</td> <td style="width: 30%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description			
	<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 <table style="width: 100%;"> <tr> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 30%;">Office sought</td> <td style="width: 30%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED