

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p> <p style="font-size: 1.5em; text-align: center;">MA</p>		<p>2 Total pages filed:</p> <p style="font-size: 1.5em; text-align: center;">36</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="font-size: 1.2em; text-align: center;">MR LON A</p> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.2em; text-align: center;">SHELL</p>			<p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 2em; color: blue; transform: rotate(-5deg);">RECEIVED</p> <p style="font-size: 1.5em; color: blue;">OCT 26 2020</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">1908 W. MCCARTY LN SAN MARCOS TX 78666</p> <p><input type="checkbox"/> Change of Address</p>				
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(512) 644 0843</p>			<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR FIRST MI</p> <p style="font-size: 1.2em; text-align: center;">MRS JENNIFER G.</p> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.2em; text-align: center;">SHELL</p>	
	<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">1908 W. MCCARTY LN SAN MARCOS TX 78666</p> <p>(Residence or Business)</p>				
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(512) 787 4090</p>			<p>9 REPORT TYPE</p> <p> <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) </p> <p> <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>	
	<p>10 PERIOD COVERED</p> <p>Month Day Year THROUGH Month Day Year</p> <p style="font-size: 1.5em;">9 / 25 / 20 10 / 24 / 20</p>				
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.2em;">11 / 3 / 20</p>		<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </p> <p> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>		
	<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> <p style="font-size: 1.2em;">HAYS COUNTY COMMISSIONER PCT 3</p>		<p>13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.2em;">HAYS COUNTY COMMISSIONER PCT 3</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Lon A. Shan

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

4th County Republican Party

COMMITTEE ADDRESS

6000 W. FM 150 Kyle TX 78640

COMMITTEE CAMPAIGN TREASURER NAME

IMMUT PAT PAUL

COMMITTEE CAMPAIGN TREASURER ADDRESS

310 SPRINGWOOD RD. BRUNING SPRINGS TX 78620

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 37925.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 100.00

4. TOTAL POLITICAL EXPENDITURES

\$ 44485.00

CONTRIBUTION
BALANCE

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

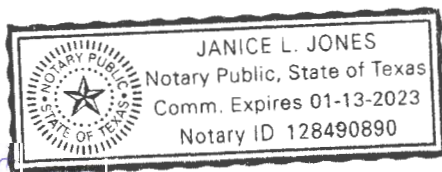
\$ 18009.54

OUTSTANDING
LOAN TOTALS

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

\$ 16000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lon A. Shan, this the 26 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

LSSS General Counsel
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Lon A. Shan</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>37925.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>44485.⁵⁰</i>
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	\$ <i>83.⁰¹</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>86.⁵¹</i>
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: 13

2 FILER NAME Lon A. Stone

3 Filer ID (Ethics Commission Filers) N/A

4 Date 9/29/20

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

ROB HARRIS

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code
220 BOWLIN CV DRIPPING SPRINGS TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

ERIN GONZALES

Amount of contribution (\$)

9/25/20

Contributor address; City; State; Zip Code

1386 MERLOT NW BRAUNFAS TX 78132

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

PATRICIA MOSIER

Amount of contribution (\$)

9/25/20

Contributor address; City; State; Zip Code

8216 FERN BLUFF AVE ROUND ROCK TX 78681

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

WES JASEK

Amount of contribution (\$)

9/28/20

Contributor address; City; State; Zip Code

1805 E. MESSICK LOOP Round Rock TX 78681

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: <u>13</u>
2 FILER NAME <u>LOW A SHAW</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>
4 Date <u>9/25/20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WILLIAM JOHNSON</u>	7 Amount of contribution (\$) <u>5000.00</u>
6 Contributor address; City; State; Zip Code <u>4119 W. FM 150 KYLE TX 78640</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/25/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PATRICIA BURNS</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>1704 GUSTY FIELD RD AUSTIN TX 78737</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/25/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SETH MEARIG</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>4724 PELAN CHASE AUSTIN TX 78738</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/20/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LANEITE & DALL LOWNEN</u>	Amount of contribution (\$) <u>1000.00</u>
Contributor address; City; State; Zip Code <u>4995 LONE MOUNTAIN RD WIMBERLEY TX 78676</u>		
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 STONE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/30/20

5 Full name of contributor

JOHN DUNCAN

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

2300 GATINCRACK DR

DRIPPING SPRING TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/20

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

4913 TWIN ACRES DR

AUSTIN TX

78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/20

Full name of contributor

☒ out-of-state PAC (ID# 600386029)

Amount of contribution (\$)

1500.00

HNTRB HOLDINGS LTD PAR

Contributor address;

City;

State;

Zip Code

715 KIRK DR KANSAS CITY MO

64105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/20

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

SCOTT DUKETTE

Contributor address;

City;

State;

Zip Code

4410 TWISTED TREE DR. AUSTIN TX

78735

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 SHAC

3 Filer ID (Ethics Commission Filers)

NA

4 Date

10/3/20

5 Full name of contributor

THOMAS DEAN

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

2000.00

6 Contributor address;

City;

State;

Zip Code

631 SOUTHWEST WIMBERLEY TX 70676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/20

Full name of contributor

DENNIS A SEAR

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1801 SHADOW TRL, PLANO TX 75075

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/20

Full name of contributor

GEORGE MURFEE

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

1101 CAPITAL OF TX HWY S. AUSTIN TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/20

Full name of contributor

MARK RAMSEUR

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

4601 N LAMAR BLVD. #5212 AUSTIN TX 78751

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 SHAW

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

10/1/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

EUGENE HOWARD DAWSON, JR.

6 Contributor address;

City;

State;

Zip Code

10 TILBURY LN SAN ANTONIO TX 78320

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/20

Full name of contributor

☐ out-of-state PAC (ID#:

GILMER GASTON

Contributor address;

City;

State;

Zip Code

21335 OMA RIDGE CT SAN ANTONIO TX 78258

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/20

Full name of contributor

☐ out-of-state PAC (ID#:

SAM DAWSON

Contributor address;

City;

State;

Zip Code

129 TURNBERRY WAY SAN ANTONIO TX 78230

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

RANDY COOK

Contributor address;

City;

State;

Zip Code

126 QUAIL CREEK DR. SAN ANTONIO TX 78606

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: 19
2 FILER NAME <i>Lon A Staal</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>10/1/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JENNIFER & SCOTT JOHNSON</i> 6 Contributor address; City; State; Zip Code <i>606 SAGINO PARKWAY WINBENLEY TX 79616</i>	7 Amount of contribution (\$) <i>2000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/5/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>VICKIE & MICHAEL YOUNG</i> Contributor address; City; State; Zip Code <i>PO BOX 2523 WINBENLEY TX 79616</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/5/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LAN - PAC</i> Contributor address; City; State; Zip Code <i>2925 BURNHAM DR 4th Floor Houston TX 77012</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/5/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HAYS COUNTY ROBERTSON FARM</i> Contributor address; City; State; Zip Code <i>PO BOX 1655 SAN MARCO TX 78666</i>	Amount of contribution (\$) <i>5000.00</i>
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 / Sithe

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

10/6/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

CLENDA S GILBERT BRACE

6 Contributor address;

City;

State;

Zip Code

3709 GROWN TRAILS S AUSTIN TX 78731

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/7/20

Full name of contributor

☐ out-of-state PAC (ID#:

BRIAN RILEY

Contributor address;

City;

State;

Zip Code

PO Box 1533 San Marcos, TX 78667

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

KARON & JOHN MOOKS

Contributor address;

City;

State;

Zip Code

103 W LAMAR LN San Marcos, TX 78666

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

GARY BARCH FELD

Contributor address;

City;

State;

Zip Code

550 Pure Angus RD Wimberley, TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 3

2 FILER NAME CON A SHAL

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
10/6/20

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

JOHN DAVID CARSON

7 Amount of contribution (\$)

125.00

6 Contributor address; City; State; Zip Code

711 PATTERSON AVE AUSTIN TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/6/20

Full name of contributor ☒ out-of-state PAC (ID#: C00368902)

DVA HOLDING COMPANY INC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

11 N. WARE ST. SUITE 19290
MOBILE AL 36602

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/20

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

COLIN PAMELH

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

11702 STEARNSHIRE DR. AUSTIN TX
78758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/20

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

ABA HOME INC

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

8140 EXCHANGE DR. AUSTIN TX
78734

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 **A13**

2 FILER NAME

CON A STATE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/27/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

SCOTT HAMIS

7 Amount of contribution (\$)

2500.00

6 Contributor address;

City;

State;

Zip Code

PO Box 1001 WIMBENY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27/20

Full name of contributor

☐ out-of-state PAC (ID#:

CHARNE + RANDY MOYERS

Amount of contribution (\$)

2000.00

Contributor address;

City;

State;

Zip Code

PO Box 828 WIMBENY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/20

Full name of contributor

☐ out-of-state PAC (ID#:

CORR FENDLER PAC

Amount of contribution (\$)

2000.00

Contributor address;

City;

State;

Zip Code

13430 NW Fwy #1100 Houston TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/20

Full name of contributor

☐ out-of-state PAC (ID#:

LUNA + DAN ROGERS

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

1340 LAKEVIEW DR SPICEWOOD TX 78669

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13

2 FILER NAME

LOW A. SHAL

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

10/7/20

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

LOCKE LOUD

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

2200 ROSS AV. # 2200 DALLAS TX 75201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

CARREN JESSY MILNER

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

111 SERENITY CT AUSTIN TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

CHAD LAWSON

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

761 TRINITY HILLS DR # 2106 AUSTIN TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

ARSHAD K. ISLAM

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

11901 PRAISADO PKWY AUSTIN TX 78732

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 Sthar

3 Filer ID (Ethics Commission Filers)
N/A

4 Date

9/25/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARK BORONSTEIN

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

801 CANYON SPRINGS DR. CEDAR PARK TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/25/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KELLY KATZ

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

347 ESPERANZA TRL. JOHNSON CITY TX 78636

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ZACH RYAN

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

11420 SUNDOWN TRAIL AUSTIN TX 78739

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ALEN CROZIER

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1450 ROCK LN BUDA TX 78610

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. Shtal

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
9/27/20

5 Full name of contributor ☐ out-of-state PAC (ID#:
CYNTHIA HEWITT HOFF WHITEHEAD

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
310 YOSEMITE DR. SAN ANTONIO TX 78232

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)
100.00

10/15/20

Contributor address; City; State; Zip Code
1131 W MLK SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)
1500.00

10/13/20

Contributor address; City; State; Zip Code
1917 S 67th ST. OMAHA NE 68106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)
100.00

10/21/20

Contributor address; City; State; Zip Code
PO Box 5902 Austin TX 78763

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 STONE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

10/21/20

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

RELA - 6006 AVERMONT PARK

6 Contributor address;

City;

State;

Zip Code

98 SAN JUANITO BLVD. #510 AUSTIN TX 78701

7 Amount of contribution (\$)

1000.00

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.

**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)

28 Liberty Ship Way, Suite 2815

- ☒ (Check if address is changed)

Sausalito

CITY ▲

CA

STATE ▲

94965

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☒ (Check if address is changed)

reporting@politicomlaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
01 / 02 / 2019

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 Skelton, Jennie, , ,

Signature of Treasurer

Skelton, Jennie, , ,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 02 / 2019

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

Office
Use
Only

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

FEC FORM 1
(Revised 06/2012)

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
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

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

Name of
Candidate**Party Committee:**

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

Political Action Committee (PAC):

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

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

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 Skelton, Jennie, , ,

Mailing Address 28 Liberty Ship Way, Suite 2815

Sausalito

CA

94965

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 415 - 903 - 2800

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 415 - 903 - 2800

Full Name of
Designated
Agent

Skelton, Jennie, , ,

Mailing Address

28 Liberty Ship Way, Suite 2815

Sausalito

CITY

CA

STATE

94965

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

415

903

2800

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

CITY

MO

STATE

64106

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

**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

DAVID VOLKERT & ASSOCIATES, INC. POLITICAL ACTION COMMITTEE ('DVA/HC PAC')

ADDRESS (number and street)

11 NORTH WATER STREET

☐ (Check if address is changed)

SUITE 18290

MOBILE

CITY ▲

AL

STATE ▲

36602

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

micropac@micropac.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 18 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00368902

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 SAMPSON, MIKE, , ,

Signature of Treasurer

SAMPSON, MIKE, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 18 / 2018

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

Office
Use
Only

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

FEC FORM 1
(Revised 06/2012)

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 AffiliationOffice
Sought:

House

Senate

President

State

District

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

Name of
Candidate**Party Committee:**

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

Political Action Committee (PAC):

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

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

Write or Type Committee Name

DAVID VOLKERT & ASSOCIATES, INC. POLITICAL ACTION COMMITTEE ('DVA/HC PAC')**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****DAVID VOLKERT & ASSOCIATES, INC.**

Mailing Address

11 NORTH WATER STREET

SUITE 18290

MOBILE

AL

36602

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

DONELSON, BILL, , ,

Mailing Address

PO BOX 24553

NASHVILLE

TN

37202-4553

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

615

491

2140

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

SAMPSON, MIKE, , ,

Mailing Address

11 NORTH WATER STREET

SUITE 18290

MOBILE

AL

36602

CITY

STATE

ZIP CODE

Title or Position
TREASURER

Telephone number

251

342

1070

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

IBERIA BANK

Mailing Address

2 S WATER STREET

MOBILE

AL

36602

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NOTICE OF POLITICAL CONTRIBUTION
FROM
AN OUT-OF-STATE POLITICAL ACTION COMMITTEE

ELECTIONS/ETHICS COMMISSION BEING NOTIFIED

Name of Elections/Ethics Commission TEXAS ETHICS COMMISSION	
Mailing Address PO BOX 12070	
City, State, Zip Code AUSTIN, TX 78711-2070	Area Code & Telephone No. (512) 463-5800

COMMITTEE MAKING POLITICAL CONTRIBUTION

Name of Committee Making Contribution DAVID VOLKERT & ASSOC HOLDING CO PAC	Committee ID No. STATEPAC
Mailing Address 11 NORTH WATER STREET, SUITE 18290	
City, State, Zip Code MOBILE, AL 36602	Area Code & Telephone No. (251) 342-1070

TREASURER of COMMITTEE MAKING DISBURSEMENT

Name of Treasurer MIKE SAMPSON	
Mailing Address 11 NORTH WATER STREET, SUITE 18290	
City, State, Zip Code MOBILE, AL 36602	Area Code & Telephone No. (251) 342-1070

PARENT ENTITY/SPONSOR OF COMMITTEE MAKING CONTRIBUTION

Name of Parent Entity/Sponsor DAVID VOLKERT & ASSOCIATES HOLDING CO	
Mailing Address 11 NORTH WATER STREET, SUITE 18290	
City, State, Zip Code MOBILE, AL 36602	Area Code & Telephone No. (251) 342-1070

FEDERAL OR STATE JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction ALABAMA SEC'Y OF STATE ELECTIONS DIV	
Mailing Address PO BOX 5616	
City, State, Zip Code MONTGOMERY, AL 36103-5616	Area Code & Telephone No. (334) 242-7210

COMMITTEE/CANDIDATE RECEIVING CONTRIBUTION

Name of Committee LON SHELL CAMPAIGN	Name of Candidate LON SHELL	Area Code & Telephone No. ()
Mailing Address 1908 W MCCARTY LN		
City, State, Zip Code SAN MARCOS, TX 78666	Type of Committee COUNTY COMMISSIONER	
Description HAYS COUNTY, TX COMMISSIONER PRECINT 3	Date 10/08/20	Amount \$500.00

CUSTODIAN OF RECORDS

MIKE SAMPSON (Custodian of Records)	DESIGNATED FILING AGENT (Title)	10/08/20 (Date)
---	---	---------------------------

**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

HDR, Inc. Political Action Committee

ADDRESS (number and street)

1917 S 67th Street

☐ (Check if address
is changed)

Omaha

CITY ▲

NE

STATE ▲

68106-2973

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address
is changed)

kathy.heaney@hdrinc.com

Optional Second E-Mail Address

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

2. DATE

MM / DD / YYYY
06 / 23 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00103903

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 Heaney, Kathleen, M.P., ,

Signature of Treasurer

Heaney, Kathleen, M.P., ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 13 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
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
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

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

Name of
Candidate**Party Committee:**

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

Political Action Committee (PAC):

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

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

Write or Type Committee Name

HDR, Inc. Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

HDR, Inc.

Mailing Address

1917 S 67th Street

Omaha

CITY

NE

STATE

68106-2973

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

Aristotle, International, , ,

Mailing Address

205 Pennsylvania Ave SE

Washington

CITY

DC

STATE

20003-1164

ZIP CODE

Custodian of Records

Telephone number

248

303

0552

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

Heaney, Kathleen, M.P., ,

Mailing Address

1917 South 67th Street

Omaha

CITY

NE

STATE

68106-2973

ZIP CODE

Title or Position
Treasurer

Telephone number

402

548

5171

Full Name of
Designated
Agent

Malone, Patrick, , ,

Mailing Address

2650 Park Tower Drive

Suite 400

Vienna

VA

22180-7306

CITY

STATE

ZIP CODE

Title or Position

Designated Agent

Telephone number

571

327

5864

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.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Avenue

McLean

VA

22101-5737

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address

PO Box 75000

Detroit

MI

48275

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

update to email and custodian of records

Form/Schedule:

Transaction ID:

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: <i>1</i>		2 FILER NAME <i>Lon A. S/heer</i>		3 Filer ID (Ethics Commission Filers) <i>111A</i>	
4 Date <i>10/6/20</i>		5 Payee name <i>CENTRO CULTURAL HIS PANO</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>PO BOX 1553 SAN MARCO TX 78667</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donations / Contribution</i>		(b) Description <i>Donation to CENTRO</i>		
	(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 <i>10/11/20</i>		Payee name <i>PATTERSON & COMPANY</i>			
Amount (\$) <i>17530.97</i>		Payee address; City; State; Zip Code <i>166 HARGRAVES DR C-400 BOX 423 AUSTIN TX 78737</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		Description <i>PRINTING PRODUCTION / POSTAGE FOR MAIL PIECES</i>		
	<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 <i>10/13/20</i>		Payee name <i>PATTERSON & COMPANY</i>			
Amount (\$) <i>3774.83</i>		Payee address; City; State; Zip Code <i>166 HARGRAVES DR C-400 BOX 423 AUSTIN TX 78737</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description <i>VOTER GUIDE AD NEWSPAPER ADS</i>		
	<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>3</u>		2 FILER NAME <u>LAASHAL</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>10/6/20</u>		5 Payee name <u>JENNIFER O'KANE CAMPAIGN</u>			
6 Amount (\$) <u>1000.00</u>		7 Payee address; City; State; Zip Code <u>PO Box 1845 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>CAMPAIGN</u> <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					
Candidate / Officeholder name Office sought Office held					
Date <u>10/6/20</u>		Payee name <u>TACIE BURNETT CAMPAIGN</u>			
Amount (\$) <u>1000.00</u>		Payee address; City; State; Zip Code <u>PO Box 1709 SAN MARCOS TX 78667</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION</u>		Description <u>CAMPAIGN</u> <u>CONTRIBUTION</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					
Candidate / Officeholder name Office sought Office held					
Date <u>10/14/20</u>		Payee name <u>PATTERSON & COMPANY</u>			
Amount (\$) <u>12946.11</u>		Payee address; City; State; Zip Code <u>166 HARVARD DR - 400 Pkwy 423 Austin TX 78737</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>PRINTING BROCHURES &</u> <u>POSTERS FOR MAIL PIECES</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					
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: LOW A. SHAW	3 Filer ID (Ethics Commission Filers): N/A
4 Date: 10/14/20	5 Payee name: PATTERSON & COMPANY	
6 Amount (\$): 3600.00	7 Payee address; City; State; Zip Code 166 HARGRAVES DR. C-400 BOX 423 AUSTIN TX 78737	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CONSULTING FEES
	(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	Candidate / Officeholder name	Office sought Office held

Date: 10/24/20	Payee name: PATTERSON & COMPANY	
Amount (\$): 4118.04	Payee address; City; State; Zip Code 166 HARGRAVES DR. C-400 BOX 423 AUSTIN TX 78737	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PRINT, PRODUCTION, AND POSTAGE FOR MAIL PIECES
	<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

Date: 10/24/20	Payee name: STRIPE	
Amount (\$): 215.55	Payee address; City; State; Zip Code 510 TOWNSEND ST. SAN FRANCISCO CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEES FOR ONLINE TRANSACTIONS
	<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

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: 2	2 FILER NAME LOW A. SHAW	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 9/26/20	6 Payee name LOWES	
7 Amount (\$) 33.51	8 Payee address; City; State; Zip Code 2211 IH 35 S. 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) ADVERTISING EXPENSE	(b) Description ADVERTISING EXP FOR MATERIALS FOR SIGNS
	(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	Candidate / Officeholder name	Office sought
		Office held

Date 9/27/20	Payee name US PS	
Amount (\$) 16.50	Payee address; City; State; Zip Code 210 S. STATECOURT TRAIL 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) SOLICITATION/FUNDRAISING EXPENSE	Description POSTAGE FOR LETTERS
	<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	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>2</u>	2 FILER NAME <u>CON A SHU</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>9/30/20</u>	6 Payee name <u>USPS</u>				
7 Amount (\$) <u>16.50</u>	8 Payee address; City; State; Zip Code <u>2105. STAGG WALK TRL SAN MARCOS TX 78666</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>SOLICITATION/ADVERTISING EXPENSE</u>	(b) Description <u>POSTAGE FOR LETTERS</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%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:30%; border: none;">Office sought</td> <td style="width:30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>10/19/20</u>	Payee name <u>USPS</u>				
Amount (\$) <u>16.50</u>	Payee address; City; State; Zip Code <u>2105. STAGG WALK TRL SAN MARCOS TX 78666</u>				
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) <u>SOLICITATION/ FUNDRAISING EXP</u>	Description <u>POSTAGE FOR LETTERS</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 <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:30%; border: none;">Office sought</td> <td style="width:30%; border: none;">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					

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>Low A Siton</u>	3 Filer ID (Ethics Commission Filers) <u>MA</u>
4 Date <u>10/15/20</u>	5 Payee name <u>American Express</u>	
6 Amount (\$) <u>96.51</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>PO Box 650443 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 processed for materials 9/13</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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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