

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST William	MI D
	NICKNAME "Don"	LAST MONTAGUE	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 4271 FM 2325 Wimberley TX	APT / SUITE # 78676	STATE: ZIP CODE TX 78676
	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> Received NCT 05/20/20 Elections Office </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 921-1014	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST William	MI D
	NICKNAME "Don"	LAST MONTAGUE	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 4271 FM 2325 Wimberley TX 78676		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 921-1014	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 08 / 06 / 2020 THROUGH 10 / 5 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) HAYS CO. CONSTABLE PCT 3		13 OFFICE SOUGHT (if known) HAYS CO. CONSTABLE PCT 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
William D. MONTAGUE

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 225

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

\$ 15,250

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3018.10

CONTRIBUTION
BALANCE

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

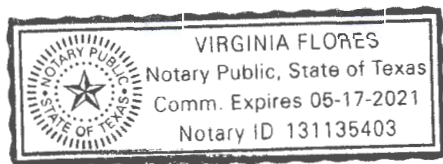
\$ 12,231.90

OUTSTANDING
LOAN TOTALS

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

\$ —

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.

William D. Montague

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William D. Montague, this the 5 day of Oct, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,250
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,012.10
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 196.38
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 8
2 FILER NAME William D Montague		3 Filer ID (Ethics Commission Filers)
4 Date 8-12-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dolores Juarez Scott 6 Contributor address; City; State; Zip Code 11030 MT SHAD Wimberly TX 78676	7 Amount of contribution (\$) \$2,500
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8-12-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard R Scott Contributor address; City; State; Zip Code 11030 MT SHAD Wimberly TX 78676	Amount of contribution (\$) \$2500
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) SELF/Retired
Date 8-26-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul J. Down Contributor address; City; State; Zip Code 13501 RR 12 STE 103 Wimberly TX 78676	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8-30-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A A Lwina Contributor address; City; State; Zip Code 100 Valley View Rd Wimberly TX 78676	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions) Retired		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:
2 FILER NAME WILLIAM D. MONTAGUE		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID STRONG FELLOW 6 Contributor address; City; State; Zip Code 3 Aggarite Cir. Wimberly TX 78676	7 Amount of contribution (\$) \$150.
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/30/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CYNTHIA SITES Contributor address; City; State; Zip Code 6000 FM 2325 Wimberly TX 78676	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions) Refined		Employer (See Instructions)
Date 9-5-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE AND HEATHER DESORMEAUX Contributor address; City; State; Zip Code 7001 MY SHARPO Wimberly TX 78676	Amount of contribution (\$) \$2000.
Principal occupation / Job title (See Instructions) Refinery		Employer (See Instructions) SELF/Refinery ASSOCIATES OF TEXAS
Date 8-3-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randall K. Daugherty Contributor address; City; State; Zip Code 5401 Jessica Ln Aust TX 78727	Amount of contribution (\$) \$1000.
Principal occupation / Job title (See Instructions) Refined		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:
2 FILER NAME <i>William D Montague</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-8-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joseph Malone</i>	7 Amount of contribution (\$) <i>\$100.</i>
6 Contributor address; City; State; Zip Code <i>1186 TORO PASS WIMBERLY TX 78676</i>		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Britney R. RICHIE</i>	Amount of contribution (\$) <i>\$250.</i>
Contributor address; City; State; Zip Code <i>PO Box 1533 SAN MARCOS TX 78666</i>		
Principal occupation / Job title (See Instructions) <i>TREASURER</i>		Employer (See Instructions) <i>HAYS COUNTY TX</i>
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jennifer O'Kane</i>	Amount of contribution (\$) <i>\$100.</i>
Contributor address; City; State; Zip Code <i>289 Hill Country Tr Wimberly TX 78676</i>		
Principal occupation / Job title (See Instructions) <i>TAX ASSESSOR Collector</i>		Employer (See Instructions) <i>Hays County TX</i>
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patrick Rehmst</i>	Amount of contribution (\$) <i>\$100.</i>
Contributor address; City; State; Zip Code <i>PO Box 1916 Wimberly TX 78676</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF</i>
<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:
2 FILER NAME <i>William D. Montague</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-4-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Garry Tucker</i> 6 Contributor address; City; State; Zip Code <i>PO Box 1429 San Marcos TX 78666</i>	7 Amount of contribution (\$) <i>100.</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>—</i>
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kelly Whigham</i> Contributor address; City; State; Zip Code <i>130 Park Dr San Marcos, TX 78666</i>	Amount of contribution (\$) <i>\$ 25.</i>
Principal occupation / Job title (See Instructions) <i>Legal ASST</i>		Employer (See Instructions) <i>MVBA</i>
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Warly Kinney</i> Contributor address; City; State; Zip Code <i>158 NAPA RIDGE Comfort TX 78013</i>	Amount of contribution (\$) <i>\$ 100.</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CHAI'S SMITH</i> Contributor address; City; State; Zip Code <i>111 C DEER CROSSING Wimberly TX 78676</i>	Amount of contribution (\$) <i>\$ 150.</i>
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions) <i>020 N 413rd</i>
<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:

2 FILER NAME

William D. MONTAGUE

3 Filer ID (Ethics Commission Filers)

4 Date

9-10-20

5 Full name of contributor

LON A. Shell

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.

6 Contributor address;

City; State; Zip Code

1008 W. McCarty San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

Commissioner

9 Employer (See Instructions)

HAYS County

Date

9-10-20

Full name of contributor

Tom Keyser

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

341 Thomas Oaks Dr Wimberley TX 78676

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Self

Date

9-10-20

Full name of contributor

Traci Maxwell

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.

Contributor address;

City; State; Zip Code

305 High Mesa Dr Wimberley TX 78676

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

9-10-20

Full name of contributor

Mary Pat Paul

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.

Contributor address;

City; State; Zip Code

310 Springwood Dr Dripping Springs TX 78720

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>William D. Montague</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-10-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Molly Wundt</i> 6 Contributor address; City; State; Zip Code <i>108 Cascade Tr San Marcos TX 78666</i>	7 Amount of contribution (\$) <i>\$100.</i>
8 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>9-10-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vicki Alvard</i> Contributor address; City; State; Zip Code <i>8 Canyon Creek Dr Wimbury TX 78676</i>	Amount of contribution (\$) <i>\$100.</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>—</i>
Date <i>9-15-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ken Strange</i> Contributor address; City; State; Zip Code <i>46 Peace Pipe Wimbury TX 78676</i>	Amount of contribution (\$) <i>\$500.</i>
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Wimbury EMS</i>
Date <i>9/16/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Philip LEBKUECHER</i> Contributor address; City; State; Zip Code <i>188 Tulley Court Wimbury TX 78676</i>	Amount of contribution (\$) <i>\$250.</i>
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Self</i>
<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:
2 FILER NAME William D Montague		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey Aylor 6 Contributor address; City; State; Zip Code 155 ZINNIA Ct Drippingwood TX 78619	7 Amount of contribution (\$) \$2,000.
8 Principal occupation / Job title (See Instructions) Builder		9 Employer (See Instructions) Self
Date 9-16-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Ramsey Contributor address; City; State; Zip Code 309 EDGEWATER WIMBERLEY TX 78676	Amount of contribution (\$) \$50.
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-18-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paula Conley Contributor address; City; State; Zip Code 301 W. View Dr Wimberley TX 78676	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-23-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DARON WHITT Contributor address; City; State; Zip Code 4239 FM 2325 Wimberley TX 78676	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) Pool Contractor		Employer (See Instructions) SELF
<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:

2 FILER NAME

William D. Montague

3 Filer ID (Ethics Commission Filers)

4 Date

10-2-20

5 Full name of contributor

Robert Torres

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.

6 Contributor address;

City; State; Zip Code

203 ST LAWRENCE GONZALES TX 78629

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10-2-20

Full name of contributor

WILLIAM & ERIN GINLEY

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.

Contributor address;

City; State; Zip Code

701 Mountain Crest Dr. Wimbury TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:		2 FILER NAME WILLIAM D. MONTAGUE		3 Filer ID (Ethics Commission Filers)	
4 Date 08-21-2020		5 Payee name A & E SIGNS BUDA TX 78610			
6 Amount (\$) \$1,583.16		7 Payee address; City; State; Zip Code 1030 W. GOFORTH RD SUITE A BUDA TX 78610			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description Campaign SIGNS		
	(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 8/26/20		Payee name A & E SIGNS			
Amount (\$) \$200.		Payee address; City; State; Zip Code 1030 GOFORTH RD SUITE A BUDA TX 78610			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	<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 9-8-20		Payee name DON ROGERS Photography			
Amount (\$) \$190		Payee address; City; State; Zip Code PO Box 162163 AUSTIN TX 78716			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign photos		
	<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:	2 FILER NAME <i>William D. Montague</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-8-20</i>	5 Payee name <i>A & E Signs</i>
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6 Amount (\$) <i>\$676.56</i>	7 Payee address; <i>1030 W. Goforth RD</i>	City; <i>BUDA TX</i>	State; <i>TX</i>	Zip Code <i>78610</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>Campaign Sign</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-12-20</i>	Payee name <i>Grace Symmons</i>
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Amount (\$) <i>\$172.</i>	Payee address; <i>1113 W. Harvard,</i>	City; <i>Orlando FL</i>	State; <i>FL</i>	Zip Code <i>32804</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Thank you cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>William D. MONTAGUE</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8-21-20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pat DORSETT A & E SIGNS</i>	8 Amount of Contribution \$ <i>\$300</i>	9 In-kind contribution description <i>SIGNS CAMPAIGN</i>
7 Contributor address; City; State; Zip Code <i>1030 W. GOFORTH BUDA TX 78610</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Signs & Graphics</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>9-8-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pat Dorsett A & E SIGNS</i>	Amount of Contribution \$ <i>\$100</i>	In-kind contribution description <i>SIGNS CAMPAIGN</i>
Contributor address; City; State; Zip Code <i>1030 W. GOFORTH BUDA TX 78610</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Signs & Graphics</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME <i>William D Montague</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <i>9-23-20</i>		6 Payee name <i>CRAIGGS Lumber & Hardware</i>			
7 Amount (\$) <i>\$86.38</i>		8 Payee address; City; State; Zip Code <i>16965 RA112 Wimberly Tx 78676</i>			
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) <i>OTHER - Sign Related Expense</i>		(b) Description <i>T-Posts for signs</i>	
		(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 <i>9-24-20</i>		Payee name <i>US POSTAL SERVICE</i>			
Amount (\$) <i>\$110.</i>		Payee address; City; State; Zip Code <i>111 JOE Wimberly Blvd Wimberly Tx 78674</i>			
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) <i>OTHER - Postage</i>		Description <i>MAILINGS</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		Candidate / Officeholder name		Office sought	
				Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					